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FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036808 (9)

1. Corporation Name

DANCAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1312 COMMERCE WAY  
JUPITER FL 33458

PO BOX 2574  
JUPITER FL 33468



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/29/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0661071	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POCILUYKO, SCOTT D 7769 SE BAY CEDAR CIRCLE HOBE SOUND FL 33455				81 Name POCILUYKO SCOTT D	
				82 Street Address (P.O. Box Number is Not Acceptable) 7642 MUIR WOODS LANE	
				83	
				84 City HOBE SOUND	
				85 Zip Code 33455	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	POCILUYKO, SCOTT D	1.2 NAME	POCILUYKO SCOTT D
STREET ADDRESS	7769 SE BAY CEDAR CIRCLE	1.3 STREET ADDRESS	7642 MUIR WOODS LANE
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only in attachment with an address.

SIGNATURE:

*[Signature]*

11/12/98 501 746 4540

CR2E034 (10/97)