FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048231 (0)

JOE DANGLES, INC.

FILED May 04 1998 8:00am Secretary of State



							1811 0 1800		
Principal Place of B		Mailing Address	1 4 II-			{			
105 MALLARD LANE DAYTONA BEACH FL 32119		105 MALLARD LANE DAYTONA BEACH FL 32119				DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualified 06/03/1996	TACE		
2. Principal Place o	of Business	2a, Mailing Addre	2a, Mailing Address			4. FEI Number		Applied For	
21		26	26			58-2253451		Not Applicable	
Suite, Apt. #, etc). 	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		untry	1	8. This corporation owes or has paid the curr	-		
24	25	29	30					L] No	
	Name and Address of Curre	ent Registered Agent		-	T. Kiesses	10. Name and Address of New Registered A	gent		
SUK, JO				81	Name				
105 MALLARD LANE Daytona Beach Fl 32119				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
UATIUT	AN DEACH LE 2511A			83	 	,			
				84	City	FL	85 Zi	p Code	
agent. I am fan SIGNATURE	nitiar with, and accept the obli	gations of, Section 607.0	0505, Florida Sta	atute:	S.	ation's board of directors. I hereby accept the appointment of the directors of the property of the control of			
12.	OFFICERS A	ND DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO		
TITLE		☐ DEI	LETE 1.1	TITLE			Change	e 🔲 Addition	
	UK, JOE		1.21	NAME					
	05 MALLARD LANE		1.3	STREET	T ADDRESS				
OIII-OI-EI	AYTONA BEACH FL				ST-ZIP		Dhana	- Addition	
TITLE		L] DEI	1 -	TITLE		•	Chang	e [_] Addition	
NAME				MAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		DEI		CITY -	ST-ZIP		Chang	e Addition	
TITLE				VAME					
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DE		TITLE	J. []		Chang	e 🔲 Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	T ADDRESS				
CITY-ST-ZIP			4.4	CITY-S	ST-ZIP				
TITLE		DE	LETE 5.1	TITLE			Chang	e 🔲 Addition	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	T ADDRESS				
CITY-ST-ZIP				CITY - S	ST-ZIP				
TITLE		☐ DE	LETE 6.1	TITLE			Chang	e 🔲 Addition	
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
1 6	المروبا ويصربون ومناهم وسيمائض أنساه المباهي	mistratain diline, denne met .	avalify for the ex		ation stated i	in Section 119.07(3)(i). Florida Statutes, I further cei	rtifu that t	ha information	

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 suppliemental anyual for 1 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 of the receiver of visete 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 infinitely need 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 infinitely need to execute this report as required by Chapter 607, Florida Statutes.

98 912-474-26