Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90002 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000054591**1. Corporation Name

DANDY D CORP.

Principal Place of Business Mailing Address			4	1 (2011/25) 110 15112 51111 05111 2 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11110 10101 1101 1001
3412 CLARK RD 2754 MAN OF WAR CIRCLE SARASOTA FL 34231 SARASOTA FL 34240					
US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 06/26/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0677510	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		LE Codificate of Statue Desired	5 Additional
22		27		Fee	Required
City & State	e	City & State			00 May Be
23		28		Trust Fund Contribution Add	ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30		Personal Property Tax. Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				ess (P.O. Box Number is Not Aposphable) Ste 2	14
00			65		
84				racola FL 85 Z	3493/
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 signature required typer reinstating) DATE					
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Chan	ge
NAME	DREYFUS, DANIEL E		1.2 NAME		
STREET ADDRESS	2754 MAN OF WAR CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ŽIP	SARASOTA FL 34240		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Chan	ge 🗀 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Chan	ge 🖃 Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Chan	ge
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ OELETE	5.1 TITLE	☐ Chan	ge
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Chan	ge Addition

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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \(\)

NAME

STREET ADDRESS