


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000055955 (4)

1. Corporation Name
DANAL ENTERPRISES, INC.



Principal Place of Business 3547 FOXHALL DRIVE HOLIDAY FL 34691	Mailing Address 3547 FOXHALL DRIVE HOLIDAY FL 34691
---	---

3. Date Incorporated or Qualified 07/02/1996	3a. Date of Last Report
4. FEI Number 59-3389472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3457 FOXHALL DR	2a. Mailing Address 26 3457 FOXHALL DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State HOLIDAY FL	28 City & State HOLIDAY FL
24 Zip 34691	25 Country
26 Zip 34691	27 Country

9. Name and Address of Current Registered Agent WILSON, ALBIN W 3547 FOXHALL DRIVE HOLIDAY FL 34691	10. Name and Address of New Registered Agent 81 Name WILSON ALBIN W 82 Street Address (P.O. Box Number is Not Acceptable) 3457 FOXHALL DR 83 84 City HOLIDAY FL 85 Zip Code 34691
---	---

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALBIN W	1.2 NAME	WILSON ALBIN W
STREET ADDRESS	3547 FOXHALL DRIVE	1.3 STREET ADDRESS	3457 FOXHALL DR
CITY - ST - ZIP	HOLIDAY FL 34691	1.4 CITY - ST - ZIP	HOLIDAY FL 34691
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DANIEL J	2.2 NAME	WILSON DANIEL J
STREET ADDRESS	3547 FOXHALL DRIVE	2.3 STREET ADDRESS	9529 ALVENOR DR
CITY - ST - ZIP	HOLIDAY FL 34691	2.4 CITY - ST - ZIP	NEWPORT RICHIE FL 34655
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 addition with an address.

SIGNATURE:  **ALBIN W WILSON** REQUIRED
Date: **4-12-97** (813) 943-7311
Daytime Phone #

CR2E034 (9/96)