## 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 # P96000079360

1. Corporation Name

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90102 033 \*\*\*150.00

DANA W. INC.							
Principal Place of Business Mailing Address					s inditions ten such astic sactionills again an	)101 1 <b>0010 14100 1</b> 0010 <b>1</b>	irin <b>i 08</b> 41 <b>188</b> 1
411 MAJORCA		411 MAJORCA AVENUE					
CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed		
4					09/23/1996		
Principal Place of Business     2a. Mailing Address					4. FEI Number		olied For
21 26					65-0735141		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5-Certificate of Status Desired	\$8.75 A	dditional quired
22		27	Ch. 8 Divis			<del></del>	
City & State	<b>e</b> .	City & State	¬ '		6. Election Campaign Financing	\$5.00 i Added to	
23	· Country	28	8† Zip Country		Trust Fund Contribution  8. This corporation owes the current year		71 663
Zip			_ ·		Personal Property Tax.		□No
24	9. Name and Address of Curren		اي		10. Name and Address of New Register	ed Agent	
3. Isalile and Address of Opiners Registered Agent				Name			
WEEMS: DANA			82	Ours A Add	dress (P.O. Box Number is Not Acceptable)		
411	MAJORCA AVENUE		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
COR	IAL GABLES FL 33134		83			•	
	-		24	011		- 85 Zip C	'ode
	•		84	City		-L	
office or n agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	· 	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap		istered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			egistered Agen	t signature requir	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	P OFFICERS AN	DELETE	1.1 TITLE	$ \top$	ADDITIONO/OTATIONED TO STATIONAL	☐ Change	Addition
TITLE NAME	WEEMS, DANA		1.2 NAME				_
STREET ADDRESS			1.3 STREET	ADDRESS			ļ
			1.4 CITY-ST			•	
CITY-ST-ZIP	COPAL CABLLO I E	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	·		2.2 NAME	\			Į.
- STREET ADDRESS			2.3 STREET	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				<del></del>
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	-		3.2 NAME				ĺ
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ OELETE	4.1 TITLE	l		☐ Change	Addition
NAME			4. 2 NAME				ì
STREET ADDRESS			4.3 STREET ADDRESS				i i
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change	Addition
NAME !	. ,		5.2 NAME			•	1
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		□ asi etc	5.4 CITY-ST 6.1 TITLE	I-ZIP		☐ Change	Addition
TITLE		☐ DELETE	6.2 NAME	-		□ Citalige	[_] \u0000001
NAME			6.3 STREET	r ADDDESS			į
STREET ADDRESS	_		6.3 STREET	ì			ļ

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 comporation 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 chapted, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIMALLINE RECURSED

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305444-1267