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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 16 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000097013 (2)

THE DAILY GROUP RESTORATION COMPANY

			- N. Harrison - Harrison regions			
Principal Place of Business Mailing Address					3 100 (106) (10 10) 10 110 Editi Daisi daiti Balla haiti satah 11500 (11) 1001	
POST OFFICE BOX 214 SAFETY HARBOR FL 34895		POST OFFICE BOX 214 SAFETY HARBOR FL 346	POST OFFICE BOX 214 SAFETY HARBOR FL 34695-0214			
						3. Date Incorporated or Qualified Sa. Date
						11/22/1996
<del></del> -	lace of Business	F-11	2a, Mailing Address			4. FEI Number Applied For Not Applicable
Suite, Apt.	# ala	<b>26</b>   Suite, Apt. #, etc.	26 Suite Apt # etc			
22	#, etc.	h1	· <sub>1</sub>			5. Certificate of Status Desired Fee Required
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	[***·]			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Срі	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	<b>,</b>		Florida Statutos X Yes No
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Registered Agent
	ELACE, WILLIAM K ESQ			01	Name	<b>'</b>
	WEST BAY DRIVE			82	Street	t Address (P.O. Box Number is Not Acceptable)
LARG	30 FL 33770			83		
;				03		
•				84	City	FL 85 Zip Code
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Stat	utes the a	bove	e-named	· · ·
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorize	d by	the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
<del>-</del>	m familiar with, and accopt the obliga	ations of, Section 607.0505, I	riorida Sta	lutes	S.	
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable (N	O'f Registere	d Age	nt signature	ric required when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1.1	nuf		President Addition Addition
NAME	DAILY, PATRICK		1.2 N	AME		DAILY, PATRICK 132 SEVENTH AVE.S.
STREET ADDRESS	POST OFFICE BOX 214		1.3 S	TREE1	ADDRES\$	132 SEVENTA NOC.3.
CITY-ST-ZIP	SAFETY HARBOR FL 34695		·		T - 21P	SAFETY HARBOR, FL. 34695
TITLE	☐ DELETE 2.1				L Change L Addition	
NAME	•		2.2 NAME			
STREET ADDRESS			2.\$ STREET ADDRESS			
CITY-ST-ZIP TITLE	A STATE OF THE PARTY OF THE PAR			2. 4 CITY-S1-ZIP 3.1 TITLE		Change Addition
NAME	<b></b>		AMF			
STREET ADDRESS			1		ADDRESS	
CITY-SI-ZIP			3.4. CITY - S1 - ZIP			
TITLE			4.11			Change Addition
NAME			4.2	MAN		
STREET ADDRESS			4.3 5	TREET	ADDRESS	i
CITY-ST-ZIP			4.4 0	HY-S	ST - 7/F*	
TITLE		☐ DELETE	5.1 1	TILE		Change Addition
NAME			521	IAME		
STREET ADDRESS			5.8 8	THEET	ADDRESS	
CITY-ST-ZIP		T agree			SI - 7IP	
TITLE				6.1 TITLE		Change Addition
NAME			6.21			
STREET ADDRESS					ADDRESS	1
CITY-ST-ZIP	by partity that the information complication	d with this filing door not as			31-ZIP	slated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this annual report or s	supplemental annual report i	s true and	acci	urate and	nd that my signature shall have the same legal effect as it made under eath; that
I am an officer or director of the corporation or the receiver or trusted 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.						