

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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 30 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100557

1. Corporation Name

DAILY BUSINESS MANAGEMENT, INC.

Principal Place of Business 19th Avenue Mailing Address

16411 N.E. 16th Street
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business
21 16411 NE 16th Street
Suite, Apt. #, etc. 19th AVE

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.

22 City & State
23 NORTH MIAMI BEACH
24 33162 25 USA

27 City & State
28
29 Zip Country
30

3. Date Incorporated or Qualified

3a. Date of Last Report

DECEMBER 13, 1996

4. FEI Number

Applied For

65-073 7757

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A. ELIZABETH UNGER
1428 AMANDA STREET
HOLLYWOOD, FL 33020

81 Name PETER T. ZARCADOLOS
82 Street Address (P.O. Box Number is Not Acceptable)
16411 NE 19th Avenue
83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

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 Peter Zarcadoolos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☒ DELETE
NAME A. ELIZABETH UNGER
STREET ADDRESS 1428 AMANDA STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT ☐ Change ☒ Addition
12 NAME PETER T. ZARCADOLOS
13 STREET ADDRESS 16411 NE 19th Avenue
14 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

21 TITLE SECRETARY ☐ Change ☒ Addition
22 NAME MARTIAL LE BLANC
23 STREET ADDRESS 16411 NE 19th Avenue
24 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE 200002258702-4
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 attachment with an address.

SIGNATURE: Peter Zarcadoolos
Signature and typed or printed name of officer or director

7/21/97 1-305 949-7411
Date Daytime Phone #

CR2E034 (9/96)