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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000012956 (3)

DANJOCAR, INC.

FILED May 06 1998 8:00am Secretary of State



| Principal Place                          | e of Business                          | Mailing Address  |                              |   |                            |  |
|--|--|--|------------------------------|---|----------------------------|--|
| 7676D PETERS RD 7676D PETERS RD          |  |  |                              |   |                            |  |
| PLANTATION FL \$3324 PLANTATION FL 33324 |  |  |                              |   | DO NOT WRITE IN THIS SPACE |  |
|  |  |  |                              |   |                            | 3. Date Incorporated or Qualified  |
|  |  |  |                              |   |                            | 02/07/1997   |
| 9 Principal P                            | lace of Business                       | 2a, Mailing Address  |                              |   |                            |  |
| 21 201                                   | DID B2 A                               | http://www.ii.   | ຸ ຄາ                         | P   | tue                        | 4. FEI Number Applied For Not Applied For Not Applied For  |
| Sulte, Apt.                              |  | Suito Ant # etc  | 0 02                         | <u>~ '</u>  | 104                        | \$8.75 Additional  |
| 22 # 3                                   |  | 27 #306  |                              |   |                            | 5. Certificate of Status Desired Fee Regulred  |
| City & State                             |  | Qily & State   |                              |   |                            |  |
| $\overline{23}$ $\overline{Q}$           | ntation.                               | FI 28 Plantati   | m 7                          | = (   |                            | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip                                      | Country                                | 20 1 101 1 101   | Cou                          |   |                            |  |
| _ ^ ^ \                                  | 3 E 460                                | rowad 20 33324   |                              |   | ourd                       | B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.  Yes No  |
| <u> </u>                                 |  | ss of Current Registered Agent   | 1301                         | <u> </u>  | <u> </u>                   | 10. Name and Address of New Registered Agent   |
| Ki I                                     | STON, TODD W                           |  | -                            | 81  | Name                       |  |
| 8211 W BROWARD BLVD, SUITE 375           |  |  |                              |   |                            |  |
| PLANTATION FL 33324                      |  |  |                              | 82 Street Address (P.O. Box Number is Not Acceptable) |                            |  |
| 10                                       | 411A11O11   L 33324                    |  | +                            | 83  |                            |  |
|  |  |  | ł                            | -   |                            |  |
|  |  |  |                              | 84  | City                       | FL 85 Zip Code   |
| 44 Direction                             | to the provinces of Cook               | ions 607.0603 and 602.45.00 Florida Chat   |                              |   |                            |  |
| office or r                              | egistered agent, or both,              | , in the State of Florida. Such change wa  | soies, mo ac<br>s authorized | by  | the corpora                | rporation submits this statement for the purpose of changing its registered<br>ation's board of directors. I hereby accept the appointment as registered   |
| <b>age</b> nt. I a                       | ım <b>fam</b> iliar with, arıd acce    | ept the obligations of, Section 607.0505,  | Florida Stati                | utes  |                            | · , ,  |
| SIGNATURE                                |  |  |                              |   |                            |  |
|  |  |  |                              | Ager  | nt signature requ          | uired when reinstating)  DATE  DESCRIPTION OF CHANGES TO DESCRIPTION AND DISPOSABLE AND DISPOSAB |
| 12.                                      | <b>D</b>                               | LICERS AND DIRECTORS  DELETE   | 13.                          |   | <del></del>                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |
| · ·                                      | REITER, BEN Z                          | L DELEIE   | 1.1 TiT                      |   |                            | Citatibe C Adoition  |
| NAME                                     | 9600 WEATHERVAL                        | NE MANOD   | 1.2 NA                       |   |                            |  |
| STREET ADDRESS                           |  |  | 1.3 ST                       | REE1 #  | ADDRESS                    |  |
| CiTY-ST-ZIP                              | PLANTATION FL 33                       |  | 14 01                        |   | r-ZiP                      |  |
| TITLE                                    |  | ☐ DELETE   | 2 1 T/T                      |   |                            | Change L Addition  |
| NAME                                     |  |  | 2.2 NA                       | ME  | }                          |  |
| STREET ADORESS                           |  |  | 2.3 ST)                      | AEET A  | ADDRESS                    |  |
| CITY-ST-ZIP                              |  |  | 2. 4 Ci                      | TY - \$1  | T-ZIP                      |  |
| TITLE                                    |  | L) DELETE  | 3.1 TIT                      | LE  |                            | ☐ Change ☐ Addition  |
| NAME                                     | 1                                      |  | 3.2 NA                       | ME  |                            |  |
| STREET ADDRESS                           |  |  | 3.3 STI                      | REET /  | ADDRESS                    |  |
| CITY-ST-ZIP                              |  |  | 3.4. CI                      | TY-ST   | T-ZIP                      |  |
| TITLE                                    |  | DELETE   | 4.1 10                       | LE  |                            | Change Addition  |
| NAME                                     |  |  | 4. 2 NA                      | <b>AME</b>  |                            |  |
| STREET ADDRESS                           |  |  | 4.3 STI                      | REET /  | ADDRESS                    |  |
| CITY-ST-ZIP                              |  |  | 4.4 CIT                      | Y-ST  | -7IP                       |  |
| TITLE                                    | <del></del>                            | DELETE   | 5.1 TIT                      |   |                            | Change Addition  |
| NAME                                     |  |  | 5.2 NA                       |   |                            |  |
| STREET ADORESS                           |  |  |                              |   | ADDRESS                    |  |
|  |  |  |                              |   |                            |  |
| CITY-ST-ZIP<br>TITLE                     |  | DELETE   | 5.4 CIT<br>6.1 TIT           |   | - zir                      | ☐ Change ☐ Addition  |
|  |  |  |                              |   |                            | CT Outside CT Manufall   |
| NAME                                     |  |  | 6.2 NA                       |   |                            |  |
| STREET ADDRESS                           |  |  |                              |   | ADDRESS                    |  |
| CITY-ST-ZIP                              | adification at the state of the second | The state of the s | 64CII                        |   |                            | Contact 10 07/0V3 Florido Con to 11 db - a d' db - t - 1   |
| 14. I nereby c                           | certify that the information           | supplied with this filing does not qualify   | not the exe                  | mpti  | ion stated in              | n 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 emprowered 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: