

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000018115 (0)**
1. Corporation Name

DAILY MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**13696 SW 117 LANE
MIAMI FL 33186**

**13696 SW 117 LANE
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

65-0731683

Applied For
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **13647 SW 117 LANE**

26 **13647 SW 117 LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33186**

25 **USA**

29 **33186**

30 **USA**

9. Name and Address of Current Registered Agent

**PORTER, PATRICIA G
13696 SW 117 LANE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

NINA P. DALY

82 Street Address (P.O. Box Number is Not Acceptable)

13647 SW 117 LANE

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Nina P. Daly
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **PORTER, PATRICIA G**
STREET ADDRESS **13696 SW 117 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ DELETE

NAME **DALY, NINA P**
STREET ADDRESS **13696 SW 117 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **DALY, NINA P**
1.3 STREET ADDRESS **13647 SW 117 LANE**
1.4 CITY-ST-ZIP **MIAMI FL 33186**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Nina P. Daly
Signature and typed or printed name of signing officer or director

1/15/98 305-385-9514

CR2E034 (10/97)