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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000018115**1. Corporation Name

DAILY MANAGEMENT SERVICES, INC.

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|--|--|--|--|--|--|---|-------------------------------|---------------------------|--|
| Principal Place | of Business | Mailing Address | | | | | | | |
| 13647 SW 117TH LANE | | 13647 SW 117 LANE | | | | | | | |
| MIAMI FL 33186 | | MIAMI FL 33186 | | | | DO NOT W | RITE IN THIS | S SDACE | |
| US | | US | | | | 3. Date Incorporated or Qualife | | SOFACE | |
| | | | | | | 02/26/1997 | , u | | } |
| | T D | 2a. Mailing Address | | | | 4 FEI Number | | | Applied For |
| | lace of Business | - | | | | 65-0731683 | - | | Not Applicable |
| 21 | | Suite, Apt. #, etc. | | | | | | | 5 Additional |
| Suite, Apt. | #, etc. | - | | | | 5. Certifcate of Status Desired | | 7 - · · · | Required |
| 22 | | City & State | | | | - Flatin Compiler Financia | | \$5.0 | 0 May Be |
| City & State | e | ⊢ ' | | | | Election Campaign Financin Trust Fund Contribution | ⁹ 🗆 | | ed to Fees |
| 23 | Country | Zip | Count | trv | | 8. This corporation owes the c | urrent vear in | | 70 10 1 002 |
| Zip | Country | <u> </u> | | u y | | Personal Property Tax. | штети уеаг п | ∏ Yes | ĭXÍNo |
| 24 | 25 | 29 Bogistered Agent | 30 | | | 10. Name and Address of Nev | v Registered | | |
| | 9. Name and Address of Current | Registered Agent | | 81 N | Name | 10. Halife and Address of No. | · regiotoris | | |
| DALV | Y, NINA P. | | ` | " | Name | | | | |
| | • | | Ε | 82 S | Street Addre | ess (P.O. Box Number is Not Acce | ptable) | | |
| | 7 SW 117TH LANE | | <u> </u> | | | | | | |
| MIAM | /II FL 33186 | | 8 | 83 | | | | | |
| | | | 5 | B4 C | City | | | 85 Z | ip Code |
| | | | | | J. () | | FI | _ | |
| office or re agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | it Fiorida. Such change was a | umonzea a | ov ure | amed corpo corporatio | oration submits this statement for ton's board of directors. I hereby ac | he purpose o cept the appo | f changing pintment as | its registered registered |
| office or re agent. I at | edictored agent of both in the State O | ons of, Section 607.0505, Flo and title if applicable. (NOTE | rida Statut | es. | e corporatio | oration submits this statement for took should be be be be be been sold of directors. I hereby act of when reinstating) ADDITIONS/CHANGES TO 4 | DATE | | |
| office or reagent. I as SIGNATURE | egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Flo and title if applicable. (NOTE | rida Statut | es. | e corporatio | d when reinstating) | DATE | | TORS IN 12 |
| office or reagent. I as SIGNATURE 12. | egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND PD | ons of, Section 607.0505, Flo and title if applicable. (NOTE) | : Registered A | gent sig | e corporatio | d when reinstating) | DATE | ND DIREC | TORS IN 12 |
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| office or in agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND DALY, NINA P | ons of, Section 607.0505, Flo and title if applicable. (NOTE) | : Registered A | gent sig | gnature required | d when reinstating) | DATE | ND DIREC | TORS IN 12 |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90027 012 ***150.00