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 # P97000019601 (8)

Principal Place of Business	Mailing Address		
100 OC CECOND CT			
AUTT MAN	CHOTE SHOO		
OUNTE 2100			
*MAMI FL 33131			

FILED Feb 10 1998 8:00am Secretary of State

DANNY	CLARKE, INC.				
Principal Place	e of Business	Mailing Address		- I SADILADI KIR KENE KADIK ADIK BUKU BUKU ADIR	i indha iddia Banki dahat inan kadi
100-SE-SECO	ND ST				
CUITE 2100		SUITE 2100		DO NOT HIDITE IN T	110 0DAOC
*MAMI FL 33131				DO NOT WRITE IN THE 3. Date Incorporated or Qualified	11S SPACE
				02/26/1997	
	lace of Business BU SW52 CT	2a. Mailing Address 26 18080 SW 6	50 15	4. FEI Number 65 -0743616	Applied For
Suite, Apt.		26 18080 SW 6	12 67	67 -077 3678	Not Applicable \$8.75 Additional
22	#, eac	27 Suite, Apr. #, etc.		6. Certificate of Status Desired	Fee Regulred
City & State	A	City & State		6. Election Campaign Financing	
	WOER OALE, FL.	28 FT. LAUDER DAG	IE FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the	
24 323		29 33331	30 154	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	· · ·		10. Name and Address of New Register	ed Agent
EN	GELS, MARTIN		81 Name		
	SE SECOND ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ITE 2100		92 30800 Aug	iless (1.0. box Humber is Not Acceptable)	
	WI FL 33131		83		
***-					lant Tin Code
			84 City	F	S Zip Code
agent La SIGNATURE	m familiar with, and accept the obli	ligations of, Section 607.0505, Flo	Flegislered Agent Bignalura requ	attion's board of directors. I hereby accept the	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE	-71551110110101111110201100111102110	Change Addition
NAME	CLARKE, DANNY		1.2 NAME		
STREET ADDRESS	18080 SW 52 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33331		1.4 CITY-ST-ZIP	·	
TITLE		DELETE	21 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY CT 710			EACITY ST. 7IP		

14. Thereby 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 supplied mindle 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.

(954) 680-9461