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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90209 003 ***150.00

DOCUMENT # P97000020737 1. Corporation Name

DANIEL STEERE, INC.

Principal Place of Business

Mailing Address

1601 N. BELVEDERE ROAD

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1601 N. BELVEDERE ROAD WEST_PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1997 2. Principa Place of Business 4. FEI Number Applied For 26 Not Applicable 65-0613775 \$8.75 Additional 5. Certifcate of Status Desired Fee Recuired 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible []No Personal Property Tax. **X**∫Yes 29 25 10. Name and Address of New Registered Agent Name STEERE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 82 624 10TH AVENUE N. LAKE WORTH FL 33460 83 Zip Code 84 City 85 Florida Statu es, the above-named co-poration submits this statement for the purpose of changing its rigistered change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, agent, I am familiar with, and accept ANIC (NOTE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition ☐ DELETE 1.1 TITLE TITLE STEERE, DANIEL A NAME 1.2 NAME **624 10TH AVENUE NORTH** 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRES S 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Maddition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP □ DELETE Change ☐ Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CfTY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition | TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRES 6.4 CITY-ST-ZIP CITY-ST-ZIP

 1.12P
1. hereby certify that the information supplied with this filing to indicated on this annual report or supplemental a mual report officer or director of the corporation or the receipter or thustee Block 12 or Block 13 if changed, or on an attachment with a not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or rifly that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Idress, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)