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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

NAME

STREET ADDRESS

officer or director of the corporation of the receiver or trustee empowered to en Block 12 or Block 13 if changing of on an attachment with an address.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000039631 (1)

DAD AND DAUGHTERS' PRODUCTS COMPANY

Principal Place of Business Mailing Address 323 CHILIAN AVENUE 328 CHILIAN AVENUE PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business Applied For P.O. BOX 2502 65-0751945 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Palm Beach, Fl 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 MCDONALD, JAMES D SOM CDONALD CONTRACT AVENUE O. Box Number is Not Acceptable)

So Ocean Blv 139 82 PALM BEACH FL 33480 83 84 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE TAMES D MUDONALD NAME MCDONALD, JAMES D 1.2 NAME 3589 So. OceanBlus # 139 STREET ADORESS **323 CHILIAN AVENUE** 1.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 1.4 CITY-S1-ZIP PALM BEACH, 14 33480 DELETE Change TITLE. 2 1 TITLE Addition NAME MCDONALD, SHANNON D 2.2 NAME STREET ADDRESS 13333 N.E. 61ST KIRKLAND 2.3 STREET ADDRESS WASHINGTON DE 98033 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME MCDONALD-CARBONE, DELANEY 32 NAME STREET ADDRESS 2649 ALBATROS ROAD #B 3.3 STREET ADDRESS DELRAY BEACH FL 33444 CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4 1 7 ITLE Change Addition NAME MCDONALD, MERISSA E 4 2 NAME STREET ADDRESS 2649 ALBATROS ROAD #B 4.3 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 4.4 CITY - ST - ZIP DELETE TITLE 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 Change Addition 611016

6.2 NAME

6.3 STREET ADDRESS

64 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 corporations. The receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in