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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000069170 (3) DOCUMENT

DAISIES DON'T TELL, INC.

May 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6824 GATEWAY AVENUE 6624 GATEWAY AVENUE SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-07 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEWIS, KURT F 6624 GATEWAY AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 provind mone of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Susan Kay Kaan 6915 Avenue A #5 DELETE Change ☐ Addition TITLE 1.1 TITLE NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS Sarasota, 7h 34231 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Joan Fraley 5/D 2305 Spring Song D1 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS Sausota, 71 34231 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted. Or on an attachment with all address.