Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000079456 1. Corporation Name

Country

DAYGA CORP.

Principal Place of Business

3690 NORTH STATE ROAD'7 LAUDERDALE LAKES FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

3690 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319

## **FILED** May 01, 1999 8:00 am Secretary of State

05-01-1999 90087 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

 $\Box$ .

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

09/15/1997

65-0783768

4. FEI Number

24		25   29		30		Fersonal Frope			
	9. Name	and Address of Current Regis	tered Agent			10. Name and Add	Iress of New Registered	Agent	
		•		-	81 Name				
urena, ozzie					82 Street	Address (P.O. Box Number	is Not Accentable)		
6719 NW 81ST COURT					oz Suee	Address (F.O. Box Number	is Not Acceptable)		
PARKLAND FL 33067					83				
		,		Į					
		•		[-	84 City		FL	85 Zip C	ode
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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							DATE		
	Signature, typed	or printed name of registered agent and title			gent signature	required when reinstating)	ANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
12.		OFFICERS AND DIRE		13.		ADDITIONS/CH/	ANGES TO OFFICERS AF	Change	Addition
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STREET ADDRESS				6.3 STR	REET ADDRESS	s			
CITY-ST-ZiP	<u> </u>			6.4 CIT	Y-ST-ZIP				

Country

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.

