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

Mailing Address

SUNRISE FL 33351

9253 N.W. 45TH STREET

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Feb 17 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

958-741-8228

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089013 (1)

DANIEL G. GASS, P.A.

Principal Place of Business

9253 N.W. 45TH STREET

SUNRISE FL 83351

SIGNATURE:

3. Date Incorporated or Qualified 10/15/1997 2a. Mailing Address 2. Principal Place of Business Applied For 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 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GASS, DANIEL G "DANIE ! 9253 N.W. 45TH STREET. SUNRISE FL 33351 83 64 333-5 1 UNRIS 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** (NOT): Registered Agent signature required when reinstating) arce of rege terest agent used title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE DANIO ( G. GASS NAME 1.2 NAME NW 454 57. STREET ADDRESS 1.3 STREET ADDRESS 33321 CITY-ST-ZIP 14 CiTY-ST-ZIP DELETE Change Addition TITLE 21 1HLF (A55 NAME 2.2 NAME GESS NW 45% ST STREET ADDRESS 23 STREET ADDRESS SUNRISE, 11 33351 2.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - \$1 - 2IP DELETE 4.1 TITLE Change \_\_\_ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THU NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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). 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.

DANIEL GHSS