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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093213 (1)

DANMAGLEN ENTERPRISES INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13 BLACKWOOD COURT 13 BLACKWOOD COURT PALM COAST FL 32137 PALM COAST FL 32137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 4. FEI Number Applied For 2. Principal Place of Busines Mailing Address 1658 EAST STATE Rd 100 59-3475340 21 Not Applicable 26 Suite, Apt. #. etc Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing BUNNELL 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 FLAGLER 32110 24 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **BROWN, ARTHUR** 13 BLACKWOOD COURT Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32137 83 64 City Zip Code 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE BARATTA, MARGUERITE NAME 1.2 NAME CR2E034 14 COLLIER COURT STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE FISCHETTI, JOHN 2.2 NAME NAME 13 BLACKWOOD COURT STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 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 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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). 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 clarged, or or an attachment with an address.

SIGNATURE: marquette Baratta

Makauerite Baratta 3/29/98