Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90006 017 ***150.00

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 # P98000034195

1. Corporation Name

DANIEL GROOBERT, INC.

DIVILL	ano openi, mo						
Principal Place of Business Mailing Address							f implifer its idiet ibeit meitt antit meitt meitt meite mitt anten isten isten eine ant inne
OLOND CHA COME CTORET DIGOD CHA COME CTORET							
BOCA RATON FL 33428 BOCA RATON FL 33428							
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 04/13/1998
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21	•	26					65-08-6>59 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	·	27				·	5. Certificate of Status Desired Fee Required
City & State	e	Ъ.	City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	L_,	Zip	Country			8. This corporation owes the current year Intangible
24	25	29	30	<u> </u>			Personal Property Tax.
	9. Name and Address of Current	Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
വര	OBERT, DANIEL				01	Name	
9160B S.W. 22ND STREET					82 Street Address (P.O. Box Number is Not Acceptable)		
	A RATON FL 33428		•	"			
500	A HATON I L 33420				83		
	·				84	City	FL 85 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							
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.							
	12 //6	206	x-L	Z			3/26/99
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re	gistered	Agen	t signature fequi	red when reinstating DATE
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE		☐ DELETE 1.11		1.1 TE	ILE		D , □ Change ☑ Addition
NAME	•		ı	1.2 N	ME	1	Grochert Dantel
STREET ADDRESS				1.3 \$1	REET	ADDRESS	9160B SW 22 SF
CITY-ST-ZIP	<u> </u>			1.4 CI	TY- \$1	T-ZIP	Grochert Daniel 9160B SW 22 St Baca Raton, FL 33428
TITLE			☐ DELETE	2.1 TI	ſLΕ		☐ Change ☐ Addition (
NAME .				2.2 NA	ME		•
STREET ADDRESS	·			2.3 ST	REET	FADDRESS	·
CITY-ST-ZIP	•			2.4 C	ITY-S	T-ZIP	
TITLE		_	☐ DELETE	3.1 TI	ILE		Change Addition
- NAME				3.2 NA	ME		
STREET ADDRESS				3.3 81	REET	ADDRESS	
C/TY-ST-ZIP	·			3.4. C	ITY-S	T-ZIP	
TITLE			☐ DELETE	4.1 TT	πE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP	
TITLE			☐ DELETE	5.1 ΤΓ			☐ Change ☐ Addition
NAME)			5.2 NA	ME		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition