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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000035447

1. Corporation Name

DANIEL ROSE, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90025 048 ***150.00



Mailing Address Principal Place of Business 821 EAST OAKLAND PARK BLVD 821 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL: 333441 > FORT LAUDERDALE FL 33344 > DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/20/1998 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Intangible □No Personal Property Tax. 30 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent PERLOW, JEFFREY M 82 Street Address (P.O. Box Number is Not Acceptable) C/O JEFFREY M. PERLOW & ASSOCIATES, P.A. 1820 E HALLANDALE BEACH BLVD 83 HALLANDALE FL 33009 Zip Code 84 City 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 (NOTE. Registered Agent signature required who Signature, typed or printed name of registered agent and title if applicable. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE TITLE ROSE, DANIEL 1.2 NAME NAME 821 EAST OAKLAND PARK BLVD 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33344 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition 61 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 officer or director of the corporation Block 12 or Block 13 if changed of

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP