PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

6700 SOUTH FLORIDA AVENUE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050336

MARGARET E. DALEY, INC.

Mailing Address

6700 SOUTH FLORIDA AVENUE

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90015 006 ***550.00

LAKELAND FL 33813		LAKELAND FL 33813			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
ļ					06/03/1998	
Principal Place of Business 2a. Mailing Address			,		4. FEI Number	Applied For
21		26			59-3515677	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5:00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	~/
24	25	29	30		Intangible Personal Property.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
DALEY, MARGARET E				or Name		
6700 SOUTH FLORIDA AVENUE				82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
SUITE 6				83		
LAKELAND FL 33813						
				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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE						
				ed Agent signature o	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D OFFICERS AND	DELETE	13.	1F	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
1	DALEY, MARGARET E		1.2 NA		L	
	6700 SOUTH FLORIDA AVENU	F STF 6		REET ADDRESS		1
	LAKELAND FL 33813	L, OIL O		TY-ST-ZIP		
TITLE		DELETE	2.1 TF			Change Addition
NAME			2.2 NA	ME	_	, sinango riconion
STREET ADDRESS	<u> </u>		2.3 ST	REET ADDRESS.		20 Z =
CITY-ST-ZIP			1	TY-ST-ZIP		
TITLE		DELETE	3.1 TI			Change Addition
NAME		_	3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4 CI	ry-st-zip		
TITLE		DELETE	4.1 TIT	LE		Change Addition
NAME			4.2 N	ME		}
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	WE		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CF	TY-ST-ZIP		
TITLE		DELETE	6.1 TIT	LE		Change Addition
NAME	•		6.2 NA	ME		i
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP		

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 attachgrent with an address.

SIGNATURE:

SIGNATURE: