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

PROFIT CCRPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90232 016 ***150.00

DOCUMENT # P98000053606

1. Corporat on Name

DAN HOLLY, INC.

						1 111	 	ALIA BUJUL		A BILLI DE	DIGIN BARK KINDA
Principal Place	e of Business	Mailing Address	Mailing Address						• • • • • • • • • • • • • • • • • • • •		
9750 N.W. 11 ST.		9750 N.W. 11 ST. PLANTATION FL 33322									
PLANTATION FL 33322		FLANTATION FL 33362			DO NOT WRITE IN THIS SPACE						
						3. Date In	corporated or Qualifed				
						06/12	/1998				
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Nu				App	lied For
21		26				65	<u>-0847617</u>			Not	Applicable
Suite, As t.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Cortifes	5. Certificate of Status Desired Security Securi				
22		27	27			5. Certifica	5. Certificate of Status Desired Fee Required				
City & State	e	City & State	City & State			6. Election	6. Election Campaign Financing \$5.00 May Be				
		28	28			Trust F and Contribution Added to Fees					
Zip	Coun ry	Zip	Coun	try		8. This co	poration owes the current	year in		:	<i>c</i>
24	25	29	30								3 No
	9. Name and Address of Curr	rent Registered Agent				10. Name	and Address of New Reg	istere 1	Agent		
0150	EL DOV			81	Name						,
	EL, ROY		-	82	Street Ad	ddress (P.O. Box	Number is Not Acceptable)			
	N.W. 11 ST.		Ĺ	\perp		<u> </u>					
PLAN	NTATION FL 33322		ļ	83							
			-	84	City			-	85	Zip C	ode
					*			FL	- 1		
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statu	es, the ab	ove-r	named co	prporation submit	s this statement for the pur	pose of	f changi	ng its r	elered
office or re agent. Lai	egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section 607.0505, Fk	rida Statu	tes.	ie corpora	etion's board or c	rectors. Thereby accept to	e appo	massem	us rog	Storoa
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT)	: Registered A	gent s	signature requ	red when reinstating)		DATE			
12.	OFFICERS	ANI: DIRECTORS	13.			ADDITIC	NS/CHANGES TO OFFIC	ERS /\f			
TITLE	P	☐ DELETE							☐ Ch	ange	Addition
NAME	SIEGEL, ANITA L		1.2 NAM	ΛE							
STREET ADDRE 3S	9750 N.W. 11 ST.		1.3 STR	KEET A	DDRESS						:
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CIT	Y-ST-Z	ZIP						
TITLE	VST	☐ DELETE	2.1 TITL	.E					☐ Ch	ange	☐ Addition
NAME	SIEGEL, ROY		2.2 NA	ΛE							ļ
STREET ADDRESS	9750 N.W. 11 ST.		2.3 STF	REET A	DDRESS						
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	3.1 TITI	E		-			☐ Ch	ange	☐ Addition
NAME			3 2 NA	νŒ							
STREET ADDRESS			3 3 STF	REETA	DDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP						
TITLE		☐ DELETE	4 1 TITL	E					☐ Ch	ange	☐ Addition
NAME			4.2 NA	ME ~			. +			•	
STREET ADDRESS			4.3 STF	REETA	DDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP						_
TITLE		☐ DELETE	5.1 TITL	-					Ch	ange	Addition
NAME			5.2 NA	۸E							
STREET ADDRESS			5.3 STF	REET A	ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZiP						_
TITLE		☐ DELETE	6.1 TITI	LΕ					Ch	ange	Addition
NAME			62 NA	ME	1						

CITY-ST-ZIP 14. I hereby certify that the informalion 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 changer, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

EXT 07/18/99 305591-312 703