

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90051 022 ***150.00

| | <u></u> | | | —, [_] | |
|---------------------------------------|--|-----------------------------------|---------------------------------|---|---|
| DOCU | MENT # P98000 | 088460 | | | |
| 1. Corporation | n Name | | | | |
| DAID AN | ITICS, INC. | | • | 4 300011003 120010101010101010101010101010101010101 | ATON INTER LOURS BY BY BY DIVING BOTH AND I |
| | | | | | |
| Principal Place | e of Business | Mailing Address | | f shiftings reflecten impre abrili gaser maste an | - Sier serde füll alam Birti ann zab. |
| 6819 GEORGIA | | 6819 GEORGIA AVE | | | |
| BRADENTON FL 34207 BRADENTON FL 34207 | | | | DO NOT WRITE IN T | HIS SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| | | | | 10/15/1998 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | च | 4. FEL Number | Applied For |
| 21 39 11 | CORTEZ KO.W. | Suite, Apt. #, etc. | | 165 US 1742 | \$8,75 Additional |
| Suite, Apt. | #, etc. | 27 Suite, Apr. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| 22 City & Stat | le . | City & State | | 6. Election Campaign Financing | \$5.00,May.Be |
| 231 BRH | DENTON PLORIDA | 28 | | Trust Fund Contribution | Added to Fees |
| | Country | Zip | Country | 8This corporation owes the current year | |
| 24 34 L | 10 25 1/ DM | | 30 | Personal Property Tax. 10. Name and Address of New Register | |
| | 9. Name and Address of Currer | it Registered Agent | 81 Name | TO. Hame and Address of New Register | VO Aguin |
| HiGO | GINS, STACIE L | | | | |
| | 9 GEORGIA AVE | | 82 Street Ac | idress (P.O. Box Number is Not Acceptable) | |
| BRA | DENTON FL 34207 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 ' | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the above-named co | exponetion submits this statement for the purpose stign's board of directors. I hereby accept the ap | pointment as registered |
| agent. La | am familiar with, and accept the obliga | tions of, Section 607.0505. Flori | ida Statutes. | exporation submits this statement for the purpose stion's board of directors. I hereby accept the ap | _ |
| SIGNATURE | Signature, typed or printed name of registered age | d and title d annumble (NOTE: | Registered Agent eigneture requ | ured when reinstating) DATE | |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HIGGINS, STACIE L | | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34207 | [nertire | 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TILE | D D | □ DELETE | 2.1 TITLE 22 NAME | | |
| NAME . | HIGGINS, BRIAN D 6819 GEORGIA AVE | | 23 STREET ADDRESS | | } |
| STREET ADDRESS | BRADENTON FL 34207 | | 2.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | DIVIDE: ITOTT C 01207 | ☐ DELETE | 3 t TITLE | | ☐ Change ☐ Addition |
| NAME | | - | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4, CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | • | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | | () OELETE | 5.1 TITLE | | · Change Addition |
| TIFLE | 1 | ال محدد | 5.1 TITLE 5.2 NAME | | |
| NAME STREET ADDRESS | | | 5.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | "[| | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE - | | Change Addition |
| NAME | j | | 6.2 NAME | | 1 |
| STREET ADDRESS | 5 | | 63 STREET ADDRESS | | |
| CITY, ST. 719 | | | 64 CITY-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 807, 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.

SIGNATURE:

CITY ST ZIP