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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32853

(1)

DANIELLO CONSTRUCTIONS CORP.

FILED
Mar 07 1997 8:00am
Secretary of State

		U BUBAL BAB	# 6

Principal Plac	e of Business	Mailing Address	ng Address				m.a.: #.hii &:#ii 814:		PINI 1801	
2708 N. AUSTRALIAN AVE			2708 N AUSTRALIAN AVE							
SUITE 9		SUITE 9								
WEST PALM E US	BEACH FL 33407	WEST PALM BEACH FL 3	WEST PALM BEACH FL 33407-4529				· · · · · · · · · · · · · · · · · · ·			
						3. Date Incorporated Qualified 02/18/1991	3a. Date of L 04/09/18	ast Re 96	port •	
	lace of Business	28. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-0252007		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional	
22		27			J. Comments of States Beauty	F	ee Re	quired		
City & State		City & State				6. Election Campaign Financing	\$5	.00	May Be	
23		28				Trust Fund Contribution	□ Ac	ded to	Fees	
Zip	} ₁	Country Zip Cou			,	8. This corporation has liability for intangible tax under s. 199.032,				
24	[25]	29	30	,		Florida Statutes Yes No				
	9. Name and Address of Curren	I Registered Agent		A 2 1		10. Name and Address of New Reg	jistered Agent			
	NELLO, LOUIS J.			81	Name					
	8 N. AUSTRALIAN AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable				
SUITE 9 WEST PALM BEACH FL 33407				83						
.,_				64	City		 85	Zip C	ode	
					-			•		
11. Pursuant office or i agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508. Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	les, the al authorize orida Stal	bove d by tutes	e-named corporations.	oration submits this statement for the pi on's board of directors. I hereby accep	urpose of chang t the appointme	jing its nt as r	registered registered	
SIGNATURE				······································						
12.	Signature typed or priored name of registered age OFFICERS ANI		E Registere	d Age	nt signature require	od when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	STOR		
Trite	DPST	DELETE	13. 11Ti	T) E		ADDITIONS/CHANGES TO OFFICE	EHS AND DIREC		Addition	
NAMÉ	DANIELLO, LOUIS J.	DETER					L 0.1	anye	ADURIUM	
	2708 N. AUSTRALIAN AVE SU	ITF Q	1	1.2 NAME 1.3 STREET ADDRESS					-	
STREET ADDRESS	WEST PALM BEACH FL									
CITY-ST-7IP	TEOT TALLI DETOTTE	DELETE	1.4 C	~~~~	T-ZIP		[] A.		1 1 1 2 2 2 2 2	
NAME		[""] DETEKE	. 21 TI			•	∟, տ	ange	Addition	
			22 N				0			
STREET ADDRESS					ADDRESS		-			
CHY-SI-ZIP		☐ DELETE			ST-ZIP				1 100	
TILE		□ DECEN	3111			÷	L. Ch	ange	Addition	
NAME			3.2 N/							
STREET ADDRESS	EET ADORESS			3.3 STREET ADDRESS						
CHY-ST-7IF		DOUGTE			ST-ZIP					
TITLE		DELETE	4.1 T(L. Ch	ange	☐ Addition	
NAME			4. 2 N							
STREET ADDRESS			4.3 \$1	REET	ADDRESS					
CITY - ST - ZIF		T active	4.4 CI		T-ZIP					
TITLE		☐ DELETE	5.1 Tr				Chi	ange	☐ Addition	
NAME			5.2 N/	ME						
STREET ADDRESS			5.3 S	REET	ADDRESS					
CHY-\$1-7IP			5.4 CI	[Y-\$]	T-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE			Cha	ange	Addition	
NAME			62 N/	ME					İ	
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY - ST - ZIP			6.4 Cf	1Y-\$1	I - ZIP					
14 Lala haral	na a maratifia i basa dakan da da manan bina marata mala mata	الحريم فممر ممسام مسالك متراف بالانبية				In Deather #40 07/00/10 Fig. 14- Otal 1-	4 4			

4. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Jacoble 12/97 835-4788