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PRC: IT Feb 10 1998 8:00am FI ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) S65916 DANNY WATERWAY, INC. Principal Place of Business Mailing Address 107690 OVERSEAS HWY % M. DEBAINCHI, ESO KEY LARGO FL 33037 5975 SUNSET DRIVE .. + 11 08 SOUTH MIAMI FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1991 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 65-0296718 Not Applicable Suite, Apl. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 604 Suite Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEBIANCHI, MICHELE R ESQ 5975 SUNSET DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PH 802 83 SOUTH MIAMI FL 33143 Suite 604 84 Zip Code 11. Pursuant to the provisions ections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered vida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Section 607.0505, Florida Statutes. SIGNATURI (NOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ZIJIC, DANNY NAME 1.2 NAME **100000 OVERSEAS HIGHWAY** 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE ZIJIC, MILAN NAME 2.2 NAME -186690 OVERSEAS HIGHWAY 107690 2.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 amiliate eport 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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