

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V57676 (1)
 1. Corporation Name
DADDY'S, INC.



Principal Place of Business C/O DANIA ANTIQUE & JEWELRY ARCADE 19 N FEDERAL HWY DANIA FL 33004 US	Mailing Address 3830 NW 77TH AVE HOLLYWOOD/DAVIE FL 33024-8429 US
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 08/14/1992	3a. Date of Last Report 03/20/1996
21 22 23 24		26 27 28 29		4. FEI Number 65-0343933	Applied For <input type="checkbox"/> Not Applicable
25 29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MELLER, KENNETH H. 3830 NW 77 AVE HOLLYWOOD/DAVIE FL 33024				10. Name and Address of New Registered Agent 81 Name DESILVA, RONALD V. 82 Street Address (P.O. Box Number is Not Acceptable) 3830 NW 77 AVE 83 84 City HOLLYWOOD/DAVIE FL 85 Zip Code 33024			
--	--	--	--	---	--	--	--

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 of 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 *Ronald V. Desilva* **RONALD V. DESILVA** **4/28/97**
 Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PS NAME MELLER, KENNETH H. STREET ADDRESS 3830 NW 77 AVE. CITY- ST- ZIP DAVIE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/S 1.2 NAME DESILVA, RONALD V. 1.3 STREET ADDRESS 3830 NW 77 AVE 1.4 CITY- ST- ZIP DAVIE, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VP NAME DESILVA, RONALD STREET ADDRESS 3830 NW 77 AVENUE CITY- ST- ZIP DAVIE FL	<input type="checkbox"/> DELETE	2.1 TITLE V/T 2.2 NAME RAIFORD, RUSSELL 2.3 STREET ADDRESS 3830 NW 77 AVE 2.4 CITY- ST- ZIP DAVIE, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME RAIFORD, RUSSELL STREET ADDRESS 3830 NW 77 AVENUE CITY- ST- ZIP DAVIE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

14. 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: *Ronald V. Desilva* **RONALD V. DESILVA** **4/28/97** **(954) 920-4001**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)