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

FILED Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V68572 DAISE MANAGEMENT CORPORATION Principal Place of Business Mailing Address 5821 NW 13TH ST. 5821 NW 13TH ST. SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2317 NW 30th St P.O. BOX 14192 65-0365834 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Fla Ft Lnus Trust Fund Contribution Added to Fees OAKLAND 28 Country 8. This corporation owes or has paid the current year Intapdible 29 33 BROWARD Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAISE, ALFRED D. 5821 NW 13TH ST. Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 Zip Code 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 or 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 607.0503, Florida Statutes. CED AIFRED DAISE CE. nuired when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE **PVST** TITLE 1.1 TITLE DAISE, JACQUELINE NAME 1.2 NAME 5821 NW 13th ST. 5820 NW 13TH ST STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 21 TITLE TITLE CEO DAISE, ALFRED 2.2 NAME NAME 5821 N.W. 13TH STREET STREET ADDRESS 2.3 STREET ADORESS SUNRISE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE __ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 ampowered 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 my address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CEO

DELETE

2-5-98 954-676-9900

Addition