

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90069 013 \*\*\*150.00

0460705

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000001755**

1. Corporation Name  
**DALYN INTERNATIONAL CORPORATION**



Principal Place of Business  
 6017 PINE RIDGE RD  
 SUITE 184  
 NAPLES FL 34119  
 US

Mailing Address  
 6017 PINE RIDGE RD  
 SUITE 184  
 NAPLES FL 34119  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1340 Charleston Sq. Dr.  
 Suite, Apt. #, etc. 22 203  
 City & State 23 Naples FL  
 Zip 24 34110 Country 25 Collier

2a. Mailing Address  
 26 1340 Charleston Sq. Dr.  
 Suite, Apt. #, etc. 27 203  
 City & State 28 Naples FL  
 Zip 29 34110 Country 30 Collier

3. Date Incorporated or Qualified  
**04/09/1996**

4. FEI Number  
**52-1887391**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**RICE, DANIELLE**  
 2488 MILLCREEK LN #103  
 NAPLES FL 34119

10. Name and Address of New Registered Agent

81 Name **Danielle Rice**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1340 Charleston Sq. Dr. #203**  
 83  
 84 City **Naples** FL 85 Zip Code **34110**

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 607.0505, Florida Statutes.

SIGNATURE *Danielle J. Rice* **Danielle J. Rice** DATE **3-21-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PCD                     | <input type="checkbox"/> DELETE |
| NAME           | JUSTICE, JIMMY          |                                 |
| STREET ADDRESS | 6017 PINE RIDGE RD #184 |                                 |
| CITY-ST-ZIP    | NAPLES FL               |                                 |
| TITLE          | V                       | <input type="checkbox"/> DELETE |
| NAME           | JUSTICE, CECILENE       |                                 |
| STREET ADDRESS | 6017 PINE RIDGE RD #184 |                                 |
| CITY-ST-ZIP    | NAPLES FL               |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 1340 Charleston Sq. Dr. #203   |
| 1.4 CITY-ST-ZIP    | Naples, FL 34110   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 1340 Charleston Sq. Dr. #203   |
| 2.4 CITY-ST-ZIP    | Naples, FL 34110   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 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 607, 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: *[Signature]* **SIGNATURE** DATE **3-21-99** DAYTIME PHONE # **941-514-8682**

CR2E034 (1/98)