

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 492187 (0)

1. Corporation Name
DAYTONA 75 CORP.

Principal Place of Business 2630-A N W 41ST ST P O BOX 13461 GAINESVILLE FL 32604	Mailing Address 2630-A N W 41ST ST P O BOX 13461 GAINESVILLE FL 32604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13151 Newberry Road		2a. Mailing Address 26 P.O. Box 13461		3. Date Incorporated or Qualified 12/08/1975	
Sulte, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1637079	
City & State 23 Tioga, FL		City & State 28 Gainesville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32669		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32604		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIAZ, FRANKLIN 2630-A N W 41ST ST GAINESVILLE FL 32606				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 13151 Newberry Road	
				83	
				84 City Tioga	
				85 Zip Code FL 32669	

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 _____
 Signature, typed 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J DIAZ	1.2 NAME	
STREET ADDRESS	2630-A NW 42ST ST	1.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Tioga, FL 32669
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNELLA, PASQUA	2.2 NAME	
STREET ADDRESS	2630-A NW 41ST ST.	2.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Tioga, FL 32669
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABOADA, MANUEL	3.2 NAME	
STREET ADDRESS	2630 A NW 41ST ST	3.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	Tioga, FL 32669
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ANNELESE	4.2 NAME	
STREET ADDRESS	2630 A NW 41ST ST	4.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP	Tioga, FL 32669
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, LUIS A	5.2 NAME	
STREET ADDRESS	2630-A NW 41ST ST	5.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Tioga, FL 32669
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MARIA T.	6.2 NAME	
STREET ADDRESS	2630-A NW 41ST ST	6.3 STREET ADDRESS	13151 Newberry Road
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	Tioga, FL 32669

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

CR2E034 (10/97)