

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:05

DOCUMENT # 707167 (3)
1. Corporation Name
DAYTONA 200 MOTORCYCLE CLUB INC

Principal Place of Business Mailing Address
3602 U.S. 92 (32014) 3602 U.S. 92 (32014)
P.O. BOX 2502 P.O. BOX 2502
DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1964	3a. Date of Last Report 02/23/1994
4. FEI Number 70-7167740	Applied For Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
HOWELL, MARK
1057 S. GREEN ACRES CIR.
DAYTONA BCH. FL 32119

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HOWELL, MARK
STREET ADDRESS	1057 S. GREEN ACRES CIR.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	V
NAME	MOLVE, JOHN
STREET ADDRESS	1006 10TH ST.
CITY-ST-ZIP	HOLLY HILL FL
TITLE	TD
NAME	WHITAKER, FRNAK
STREET ADDRESS	251 N. TYMBERCREEK RD.
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	S
NAME	WOOLF, DAN
STREET ADDRESS	3588 OLD DELAND RD.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	D
NAME	ARTHUR, BILL
STREET ADDRESS	924 BERKSHIRE RD.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	D
NAME	PEJROCK, FRANK
STREET ADDRESS	602 WESTWAND CR
CITY-ST-ZIP	HOLLY HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Howell February 6, 1995 (904) 788-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR