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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727812

1. Corporation Name
DAYTONA BEACH RIVERHOUSE, INC.

Principal Place of Business 715 SOUTH BEACH STREET DAYTONA BEACH FL 32114-5446	Mailing Address 715 SOUTH BEACH STREET DAYTONA BEACH FL 32114-5446
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/19/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1701220
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HENNESSEY, EVA
 721 S. BEACH ST. 309A
 DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name DOUG GERMAINE
82 Street Address (P.O. Box Number is Not Acceptable) 721 S. BEACH ST. A101
83 BA
84 City DAYTONA BEACH FL
85 Zip Code 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Douglas L. Germaine* (NOTE: Registered Agent signature required when reinstating) DATE: Jan 14, 1999

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSEY, EVA	
STREET ADDRESS	721 S. BEACH UNIT A-309	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERMAINE, DOUG	
STREET ADDRESS	721 S. BEACH ST. A-101	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLETON, DON	
STREET ADDRESS	721 S BEACH ST. A-107	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDINGER, GERRY	
STREET ADDRESS	715 S. BEACH ST. D-205	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, JEFFREY E.	
STREET ADDRESS	715 S. BEACH ST. D-215	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLISTER, LARRY	
STREET ADDRESS	715 S. BEACH ST. D-308	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOMIS CASARVENTO	
1.3 STREET ADDRESS	715 S. BEACH ST D111	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERMAINE, DOUG	
2.3 STREET ADDRESS	721 S. BEACH ST. A101	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONNAL BELL	
3.3 STREET ADDRESS	721 S. BEACH ST. A211	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDINGER GERRY	
4.3 STREET ADDRESS	715 S. BEACH ST. D205	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
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 617, 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: *Douglas L. Germaine* SIGNATURE REQUIRED 01/04/99 252 4043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)