

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N39014** (8)
1. Corporation Name
DAYTOP VILLAGE OF FLORIDA, INC.



Principal Place of Business 54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018	Mailing Address 54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018-2802
--	---

3. Date Incorporated or Qualified 07/05/1990	3a. Date of Last Report 02/15/1996
--	--

2. Principal Place of Business 21 936 SE Ft. King St Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip 24 34471	2a. Mailing Address 25 936 SE Ft. King St Suite, Apt. #, etc. 26 City & State 27 Ocala, FL Zip 28 34471 Country 29 USA
--	---

4. FEI Number 59-3172948	Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

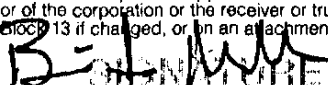
9. Name and Address of Current Registered Agent TRUMBULL, WILLIAM ESQ. 501 E. KENNEDY BLVD. TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	MADDEN, BRIAN	1.2 NAME	D. Brian Collier, Esq.
STREET ADDRESS	54 WEST 40 ST	1.3 STREET ADDRESS	936 SE. Ft. King St.
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	DEVLIN, CHARLES	2.2 NAME	Edward J. Hill
STREET ADDRESS	54 WEST 40 ST	2.3 STREET ADDRESS	15681 N. Highway 301
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Citra, FL 32713
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, LAWRENCE E	3.2 NAME	
STREET ADDRESS	3410 W HILLSBOROUGH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, FREDERICK	4.2 NAME	
STREET ADDRESS	1814 HAMMOCK BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITFIELD PALMER, JR.	5.2 NAME	
STREET ADDRESS	3080 SW 53RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MONSIGNOR, WILLIAM B.	6.2 NAME	
STREET ADDRESS	54 W 40TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **Brian J. Madden, V.P. 2/14/97 212-354-6000**

CP2E037 (9/96)