


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N47822 (4)
1. Corporation Name
DELAND AREA CRUISERS, INC.



Principal Place of Business P.O. BOX 1613 DELAND FL 32721-1613	Mailing Address P.O. BOX 1613 DELAND FL 32721-1613
--	--

3. Date Incorporated or Qualified 03/09/1992		
4. FEI Number 59-3118742	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**TEAL, MICHAEL S.
114 W. RICH AVENUE
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 SD	CLARK, BETTY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 830 S. WOODWARD AVE.	DELAND FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE PD	PETERSON, RICHARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1539 HAYDEN STREET	DELAND FL	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE TD	MONTGOMERY, BARBARA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 695 E. KICKLIGHTER ROAD	LAKE HELEN FL	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE VD	MEYERS, BARRY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 N CARPENTER AVE	ORANGE CITY FL	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

T.D. Sheedy, Patricia
140 E. Michigan Ave
Lake Helen, FL 32744

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 in an attachment with an address.

SIGNATURE: Patricia Sheedy Patricia Sheedy 3/13/198 904-228-2905.

CP2E037 (10/97)