

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

APPROVED AND FILED
1997 JUL 21 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007251
1. Corporation Name
DAYTONA AEROSPACE INC

Principal Place of Business Mailing Address
3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 26 **1191E NEWPORT CENTRE DR. 65-0479399** No: Applicable
Suite, Apt # etc. Suite, Apt #, etc.
22 27 **STE 209** 5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State
23 28 **DEERFIELD BEACH FL** 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip Country
24 25 29 **33442** 30 **USA** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HENRY MCFLIKER
18620 LONG LAKE DRIVE
BOCA RATON, FL
33496
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 _____ (Both Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY MCFLIKER	12 NAME	
STREET ADDRESS	18620 LONG LAKE DR	13 STREET ADDRESS	1191E NEWPORT CTR DR STE 209
CITY- ST- ZIP	BOCA RATON FL 33496	14 CITY- ST- ZIP	DEERFIELD BEACH FL 33442
TITLE <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	900002246849--1
CITY- ST- ZIP		34 CITY- ST- ZIP	-07/24/97--01082--008
TITLE <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	****165.00 ****165.00
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied in this report does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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; that I am duly authorized by the board of directors; and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes, and if my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **H. McFliker 4/25/97** 954-427-9055

CR2E034 (9/96)