

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000064096 (8)
 1. Corporation Name
DAYTONA-94, INC.



Principal Place of Business GJIDJA, AFERDITA 337 RUTLEDGE DR. #2 SOUTH DAYTONA FL 32119 US	Mailing Address P.O. BOX 291566 337 RUTLEDGE DR. #2 PORT ORANGE FL 32129 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/26/1994	
4. FEI Number 59-3266390	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent







FOSTER, WALTER E W
315 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GJIDJA, AZEM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GJIDJA, AZEM	1.2 NAME	No Changes 
STREET ADDRESS	337 RUTLEDGE DR. #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA FL 32119	1.4 CITY-ST-ZIP	
TITLE	VD GJIDJA, NAGJIA	2.1 TITLE	
NAME	GJIDJA, NAGJIA	2.2 NAME	No Changes 
STREET ADDRESS	337 RUTLEDGE DR. #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA FL 32119	2.4 CITY-ST-ZIP	
TITLE	STD GJIDJA, AFERDITA	3.1 TITLE	
NAME	GJIDJA, AFERDITA	3.2 NAME	No Changes 
STREET ADDRESS	337 RUTLEDGE DR. #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. DAYTONA FL 32119	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	No Changes 
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	No Changes 
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	No Changes 
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/30/98** 407-867-5842

CP2E034 (10/97)