FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996	DIVISION OF	CORPORATIONS		
DOCUMENT # 4	112326 (1)			
DAYTONA CYCLE LEAS	SING INC.		1 100/H G185: HG10 HG40 DHFA HG40	Till Billis Billit Billit Albit Billi Billis Billis
rincipal Place of Business	Mailing Address			
AMARA, DONALD	AMARA. DONALD 1320 Crestview A			
DAYTONA BEACH FL 32117 US	DAYTONA BEACH F US	L 22117	3. Date incorporated or Qualified 11/07/1972	Pa. Date of Last Report 01/19/1995
Principal Place of Business 115 Coverage (2a. Mailing Address		4. FEI Number 59-1426458	Applied For Not Applicable
Suite, Apt. #, etc. City & State	WEST 27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
ZIP DAY TUNA BO	2./4 City & State	T-0	Election Campaign Financing Trust Fund Contribution	Added to Fees
32/24 25	Zip 29 29 s of Current Registered Agent	Country 30	8. This corporation has liability for intal Florida Statutes Yes]No
	o of outlett registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
AMARA, DONALD 1320 CRESTVIEW AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32117	•	83		
		84 City		85 Zip Code
Pursuant to the provisions of Section	s 607 0502 and 607 1609 Florida Statute	'	ration submits this statement for the purpos rd of directors. I hereby accept the appointr	
SNATURE Signature, typical or printed name of r OFF F P0	ogularet agent and toe i application (NOI ICERS AND DIRECTORS	E Registered Agent signature required 13. 1.1 TITLE	d when reinstating) ADDITIONS/CHANGES TO OFFICE	
AMARA DONALD	<u> </u>	•	1.1	Change Addition
ELADDRESS 1820 CRESTVIEW	AVENUE 115 COUNTRY	TS STREET ACTURES	. WEST	
SI-2IF DAYTONA BEACH	1FL 32/24	1.4 CITY~ST-ZIP 2 1 TITLE		
	- OACE	2 2 NAME		☐ Change ☐ Addition
* ADDHESS		2.3 STREET ADDRESS		
\$1-7-6		2.4 CITY-ST-ZIP		
	□ D€LETE	3 1 TITLE		Change Addition
LADDRESS		3.2 NAME		
S1 - 20F		3.3 STREET ADDRESS 3.4 City-St-Zip		
	[] DELETE	4.1 THLE		☐ Change ☐ Addition
		4.2 NAME		— · · · ·
! ADDRESS		4.3 STHEET ADDRESS		
SI-7/P	□ DELETE	4 4 CITY - ST - ZIP		
	C1 perete	5 1 TITLE 52 NAME		Change Addition
FAUCRESS		5.3 STREET ADDRESS		
S1-ZIP		5 4 CHY-ST-ZIP		
	DELETE	6 1 TITLE		☐ Change ☐ Addition
		6 2 NAME		
1 ADORESS		63 STREET ADDRESS		
ST-ZIF I do hereby certify that the information	supplied with this files is volunted.	64 CITY-ST-ZIP		
oath; that I am an officer or director of	is supplied with this filing is voluntarily furnis in this annual report or supplemental annual fithe corporation of the receiver or trustee anged, or on an at achiment with an addres	an report is true and accurat	or the exemption stated in Section 119.07(3) e and that my signature shall have the same report as required by Chapter 607, Florida	(k), Florida Statutes, I further e legal effect as if made under Statutes; and that my name
GNATURE:	11 14-6			
SIGNATURE AN	NO TYPED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #