

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 558681 (3)

1. Corporation Name

ESQUIRE OF DAYTONA BEACH, INC.



Principal Place of Business

Mailing Address

422 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3925

422 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3925

3. Date Incorporated or Qualified

02/02/1978

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

4. FET Number

59-1811723

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORNS, LAWRENCE W.
412 N. HALIFAX
DAYTONA BEACH FL 32018

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of the person who is changing the registered office or agent

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PD
LEE, KUN YONG
STREET ADDRESS
568 RIVERSIDE DR.
CITY, ST, ZIP
ORMOND BEACH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
VST
LEE, KYUNG JA
STREET ADDRESS
568 RIVERSIDE DR.
CITY, ST, ZIP
ORMOND BEACH FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
D
LEE, KYUNG JA
STREET ADDRESS
568 RIVERSIDE DR.
CITY, ST, ZIP
ORMOND BEACH FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-98 (904) 255-3609
Date Daytime Phone #

CR2E034 (12/95)