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

**PROFIT** CORPORATION **ANNUAL REPORT** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

L	1997		DIVISION OF CORPORATIONS			Secre	tui	iy OI S	tato	
DOCUI 1. Corporatio BEN HO	MENT In Name DRN REALT	(4)	(4)							
Principal Plac	e of Business		Mailing Address				4 100148 BIJUU 11117 UUTU 10101 BIJA	/  <b>                                    </b>	Dit Glöbt Atoni Dilkit Atoni	BIĀICIĒBI
15 BYRON ELLINER DR ORMOND BEACH FL 32176 US			3003 SO ATLANTIC AVE SUITE 2A1 DAYTONA BCH SHORES FL 32118-6171							
			U\$				<ol> <li>Date Incorporated or Qualifity 07/25/1979</li> </ol>	ed	3a. Date of Last Re 04/16/1996	eport
2. Principal P	lace of Busine	SS	2a. Mailing Address				4. FEI Number		Ap	plied For
21 Cuito Amb	# 616		26 Suite And A cle			59-1920295			t App!icable	
Suite, Apt.	#, GIC.		Suite, Apt. #, etc.			5. Certificate of Status Desired	[	□ \$8.75 A Fee Re		
City & Stat	e		City & State				6. Election Campaign Financin		\$5.00	May Be
<b>23</b> Zip	<del></del>	Country	[28] Zip	 Coun	dry		Trust Fund Contribution	<u>.</u>	Added 1	
24	2	5	7(p Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes M No			
		nd Address of Current I					10. Name and Address of Nev			
	₹N, B J			1	B1	Name				
3003 SO ATLANTIC AVE SUITE 2A1 DAYTONA BEACH SHORES FL 3211				į.	82 Street A		ess (P.O. Box Number is Not Acce	ptable)	)	
					83					
UAT	TONA BEAU	n shukes FL 32118		Į						
				[1	84	City			FL 85 7 p C	Code
11. Pursuant	to the provision	ns of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove	named corpo	oration submits this statement for toon's board of directors. Thereby a	fie purp		s registered
office or r agent. I a	egistered agd m familiar with	nt, or both, in the State of i, and accept the obligation	- Florida: Such change was au ons of, Section 607.0505, Flori	thorized da Statu	by les.	the corporation	on's board of directors. I hereby a	ocept th	he appointment as i	registered
SIGNATURE										
12.	Signature, typed o	OFFICERS AND I		Registered .	Vôcu	at egi ature requirc	d when reinstating) ADDITIONS/CHANGES TO O		DAIL BS AND DIRECTOR	S INI 12
TITLE	PTS		DELLIE	1.1 101	F	···	TISSITIONS/OFFICED TO C	11023	Change	Addition
NAME	HORN, BJ			1.2 NAME						
STREET ADDRESS		ATLANTIC AVE #2A1		13 S1R	EE1 #	ADDRESS				
CITY-ST-ZIP	DAYTONA	BEACH SHORES FL		1.4 CHY-S1-7IP		- 71P		<u>-</u> -		- <b>-</b>
TITLE			DELETE 2.1 TILLE					Change	☐ Addition	
NAME STREET ADDRESS				2.2 NAM		A CASSILLAND				
CITY-ST-ZIP				2 3 51H		AODRESS L-7.P				
TITLE	<del></del> -		☐ DELETE	3.1 TiTL					, Change	Addition
NAME	1			3 2 NAN	/E	1				
STREET ADDRESS				3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				34. OT		- ZIP	· · ·- ·- · · · · · · · · · · · · ·			
TITLE			☐ DELETE	417110		İ			Change Change	Addition
NAME Street address				4. 2 NA		thanee.				
CITY-ST-ZIP				4.4 CITY		ADDRESS - ZIP				
TITLE			DELETE	5 1 THI	• • • • • • • •				Change	Addition
NAME				5.2 NAN	11					
STREET ADDRESS				5.3 S1R	EELA	ADDRESS				'
CITY-ST-ZIP				5.4 CITY		- ZIP				
TITLE			DELEIL	61111(					LJ Change	☐ Addition
NAME DEDECT ADDRESS				6.2 NAM	AE 	Introsees				į

14. I do hereby certify that the information supplied with this filling does not quality 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghanged, offour an attribution with an address.