## 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

DOCUMENT # 660966

(3)

DAYOAK INC.

**FILED** 

May 20 1997 8:00am

Secretary of State

Principal Place	Principal Place of Business Mailing Address										
2800 OCEAN DR., STE, A SUITE A VERO BCH, FL 32963			2800 OCEAN DR., STE, A SUITE A VERO BCH, FL 32963-2064								
TENO POINTE SERVO							3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1996			loport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			1
21			26				59-1993239			ot Applicable	
Suite, Apt. #, etc.			Suile, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional				1
22			27			•.·•·	G. Certificate of Status Desired	L-1	Fee Re	equired	Į
City & State			City & State				<ol><li>Election Campaign Financing</li></ol>	E		May Be	
23			28				1rust Fund Contribution	. [		to Fees	
Zip	Country		Zip		untry		8. This corporation has liability for i			. 199.032,	
24	25	29		30	¬		1	Yes [	_		-
	9. Name and Address of Current	Hegu	stereo Agent		81	Name	10. Name and Address of New Re	jisterea A	igeni		-{
	ESPIE, GUNILLA				"	TMGETHS					
	A1A BEACH BLVD.			1	82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			1
#389				1	00						
ST A	UGUSTINE FL 32084				83		•				
				1	84	City			<b>85</b> Zip	Code	
44.5					ļ]			FL	<u> </u>		-
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Flor tions c	i07.1508, Florida Statu ida. Such change was M, Section 607.0505, Fi	ies, inc <sub>l</sub> a authoriza orida Sta	ed by dules	e-named co rithe corpor s.	rporation submits this statement for the p alion's board of directors. Thereby accep	urpose or it the appo	enanging ii pintment as	registered	
SIGNATURE	Signature, lyped or printed name of registered ages	it and litt	o if applicable (NO)	L Register	ed Ago	ent signature rec	priod when renstating)	DATE			
12.	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			]@
TITLE	P		∟ DELETE	111	HT LE				L Change	Addition	CR2E034 (9/96
NAME	GILLESPIE, GUNILLA C			1.2	M/ME						18
STREET ADDRESS	1093 A1A BEACH BLVD, #389			1.3,5	STREET	ADDRESS					0
CITY-ST-ZIP	ST AUGUSTINE FL 32084				HY-S	t-zip.					[2
TITLE			☐ DELETE	217	TITLE				Change	L_] Addition	10
NAME					3MAV						
STREET ADDRESS						ADDRESS '					-
CITY-ST-ZIP			——————————————————————————————————————		CHY-5	51- ZIP					
TITLE			DELETE	3.1		Į			Change	Addition	
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE		CHY-S	51 - 71P			Change	Addition	-
TITLE				4.1		1			Change	E' T VOOIIIO	
NAME				i	NAME	4000000					
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			DELETE		CITY-S	i1 - 7iP			Change	Addition	-
TITLE			FT Direct		TITLE Name				- Onange	- Annual	
NAME				i		ACIDITION					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE		DITY-S HDLF	0 - AP			Change	Addition	1
TITLE	•		LLL DETETE						LL Change	L. Audinos	
NAME					NAME Propert	MUDOU OO					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	by cartify that the information supplied	Navith 1	thic filtre close not augi		CITY-S		ed in Section 119.07(3)(i) Florida Statute	e I further	cortifu that	tho	-

4. I do hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the deciver 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 chapted, or or an attachment with an address.

4/27/97 800-228-8/93 #200