


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733057** (4)

1. Corporation Name

DAYTONA BEACH, REACT, INC.



Principal Place of Business 152 KINGSTON AVE - 203 North DAYTONA BCH FL 32114- McDonald Ave., US DeLand, Fl., 32724-4513	Mailing Address PO BOX 6284 DAYTONA FL 32122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 203 North McDonald Ave., Suite, Apt. #, etc. 22 City & State 23 DeLand, Fl., Zip Country 24 32724-4513 25 Volusia	2a. Mailing Address 26 P.O.Box 6284 Suite, Apt. #, etc. 27 City & State 28 DAYTONA BEACH, FL., Zip Country 29 32122 30 Volusia
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3. Date Incorporated or Qualified 06/13/1975	3a. Date of Last Report 05/16/1996
4. FEI Number 59-1804444	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent VOGENITZ, M. BILL 203 NORTH McDONALD AVE DELAND FL 32724	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHUVEN, MICHAEL 152 KINGSTON AVE DAYTONA BCH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VOGENITZ, M. B 203 N. McDONALD AVE. DELAND FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, SR. SAMMY 1754 CAROLINA AVE ORMOND BCH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT SLANEY, ARTHUR 3003 U.S. 92, #42 DAYTONA BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD VOGENITZ, VALORIE A. 203 NORTH McDONALD AVE. DELAND, FL., 32724-4513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP MANN, WILMA 335 GARDEN STREET DELAND, FL. 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD/TD VOGENITZ, M. BILL 203 NORTH McDONALD AVE. DELAND, FL., 32724-4513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SGT SLANEY, ARTHUR 3003 US 92, #92 DAYTONA BEACH, FL. <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *m. Vogenitz* **REINSTATEMENT REQUIRED** VOGENITZ

CR2E037 (4/97)