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**Feb 23, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 733057</b>					
1. Corporation Name <b>DAYTONA BEACH, REACT, INC.</b>					
Principal Place of Business 203 NORTH MCDONALD AVE DELAND FL 32724-4513 US			Mailing Address <del>PO BOX 6204</del> <del>DAYTONA BEACH FL 32122</del> <del>US</del>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 c/o M. BILL VOGENITZ Suite, Apt. #, etc.		06/13/1975	
22 City & State		27 203 North McDonald Ave.		4. FEI Number 59-1804444	
23 Zip		28 Deland, Fl.,		Applied For Not Applicable	
24 Country		29 32724-4513		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 Volusia		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New 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		
			85 Zip Code		
			FL		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PD		1.1 TITLE	
NAME		VOGENITZ, VALORIE A		1.2 NAME	
STREET ADDRESS		203 NORTH MCDONALD AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP		DELAND FL		1.4 CITY-ST-ZIP	
TITLE		VPD		2.1 TITLE	
NAME		MANN, WILMA		2.2 NAME	
STREET ADDRESS		335 GARDEN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP		DELAND FL		2.4 CITY-ST-ZIP	
TITLE		STD		3.1 TITLE	
NAME		VOGENITZ, M B		3.2 NAME	
STREET ADDRESS		203 NORTH MCDONALD AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP		DELAND FL		3.4 CITY-ST-ZIP	
TITLE		SGT		4.1 TITLE	
NAME		SLANEY, ARTHUR		4.2 NAME	
STREET ADDRESS		3003 US 92, #92		4.3 STREET ADDRESS	
CITY-ST-ZIP		DAYTONA BEACH FL		4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



SIGNATURE: *M. Bill Vogenitz* M. BILL VOGENITZ, STD

1/15/99 904-734-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)