FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744218

Corporation Name

DAYTONA BEACH TIP-OFF CLUB, INC.

Country

Principal Place of Business								
149-P SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4320 US								

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

149-P SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4320 US

FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90024 028 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

09/08/1978

59-2421622

4. FEI Number

24	25	29	30			1	Trust Fund Contribu	tion	Added to	Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
				81	Name	1				
MARIALIANA O LABUE						/D	O. Box Number is N	let Assentable)		
WILLIAMS, S. LARUE					Street Addr	ess (P.	O. BOX NUMBER IS IN	iot Acceptable)		
150 SOUTH PALMETTO AVENUE				83		i				
DAYTONA BEACH, FL. 32014										
	, paramono a			84	City		Commence Services	. <u> </u>	FL 85 Zip Ci	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida Such change was a	uthoriz	ed by i	the corporation	oration on's bo	ard of directors. I he	reby accept the	se of changing its rappointment as reg	stereu: [
SIGNATURE		ANOTE AND TO A STATE OF THE STA	Dogistos	nod Agen	signature require	d when re	instation)	DÁ	TÉ .	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		: Register		alfusione reduse		ADDITIONS/CHANG		. —	R\$ IN 12
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NAME	DESTEFANO, LEONARD		2.2	NAME						ĺ
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	1200 VOLUSIA AVENUE		3.3	STREET	ADDRESS					ŀ
	DAYTONA BEACH FL		34	CITY-S	T. 71P					
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STREET ADDRESS	District Control of the Control of t	\	6.3	STREET	ADDRESS					
CITY-ST-ZIP	J. 3	\		CITY-ST		4				
14. I hereby	certify that the information supplied with	This filing does not qualify fo	the e	xempti	on stated in t	Section	119.07(3)(i), Florida	Statutes. I furth	er certify that the in	formation

Country

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 restee 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 or an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Lin, Secretary 2-1-99

(904) 255-2100

Daytime Phone

:R2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable