## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 750015

(0)

Principa! Place	of Business	Mailing Address							
140 N BEACH ST POST OFFICE BOX 1107 DAYTONA BEACH FL 32115 US		140 N BEACH ST POST OFFICE BOX 1107 DAYTONA BEACH FL 32115 US							
						<ol> <li>Date Incorporated or Qualified 12/03/1979</li> </ol>	3a. Date of Last Report 05/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1991936			Not Applicable
Suite, Apt. #	₹, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip				B. This corporation has liability for in	tangible tax	under s	s. 199.032,
24	25	25 29 30							
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent			
				81	Name				
SEITZ, W	VILLIAM M			82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
145 N 8	EACHST 100 S. BYACK	TOTISVITE ZA	9	83					
DAYION	A BEACH FL 32114								
				84	City		FI	85 Z	lip Code
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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating).  DATE									
12.	<u> </u>	OFFICERS AND DIRECTORS		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	
TITLE NAME	<b>P</b> D WHISENANT, TOM			1.2 NAME				onungo	
STREET ALIDRESS	180 COUNTRY CLUB DR			1.3 STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY-ST-ZIP					
TITLE	D DELETE			21 TITLE				Change	Addition
NAME	STEWART, JAMIE		2.2	2.2 NAME					
STREET ADDRESS	250 N. BEACH ST		2.3 5		ADDRESS	s			
CITY-ST-ZIP	DAYTONA BCH FL		2.	2. 4 CITY - ST - ZIP					
TITLE	<b>₹PD</b> □DELETE			3.1 TITLE				Change	Addition
NAME	SCOTT, SAVANNAH			NAME		e de la companya de	*		
STREET ADDRESS	100 S BEACH ST				ADDRESS				
CITY-ST-ZIP TITLE	DAYTONA BC	DELETE		I. CITY-5 I TITLE	ST-ZIP			Change	☐ Addition
NAME	D Dunn, Wes			2 NAME			_	***************************************	
STREET ADDRESS	166 S. BCH. ST				ADDRESS				
CITY-ST-ZIP	DAYTONA BCH FL			CITY-S					
TITLE	S	DELETE		TITLE				) Change	Addition
NAME	SEITZ, WILLIAM M			2 NAME					
STREET ADDRESS	140 N BEACH ST 100-5.	GEAGH ST. STE IN	> 53	STREET	ADDRESS				
CITY-ST-ZIP	DAYTONA BCH FL			4 CITY - S	T-ZIP				
TITLE	TD	□DELETE		6.1 TITLE			<b>C.</b>	] Change	Addition
NAME	SPELL, JIM		6.2	2 NAME					
STREET ADDRESS	100 N. BCH ST		6.3	3 STREET	ADDRESS				
	SUMALL BALLEL								

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 attention with an address.

SIGNATURE: WILLIAM M. SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE PROPERTY OF DISCOUNTS OF PRINTED NAME O

CR2E037 (12/95)