## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996 Secretary of State DIVISION OF CORPORATIONS						
DOCU 1. Corporation	JMENT # 8540	58 (5)	)				
'	E DAYTON EXCEL MOLD &	` '					
					1 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
Principal Place of Business Mailing Address						BUID   FBU BUID   BUBU BUBU BUBU BUBU BUBU BUBU BUBU B	
720 FENTRESS BLVD. Daytona Beach Fl 32114		720 FENTRESS BLVD. Daytona beach FL 32114					
					3. Date Incorporated or Qualified 09/15/1982	3a. Date of Last Report	
	Place of Business	2a. Mailing Address			4. FEI Number	04/14/1995 Applied For	
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			31-0588372	Not Applicable	
22		27]			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country Zip Coun		Country	,	Trust Fund Contribution  8. This corporation has liability for	Added to Fees	
24	25   9. Name and Address of Currer	29 Registered Agent	30		Florida Statutes 🔀 Yes	s □No	
		it togratered Agent	81	Name	10. Name and Address of New	Registered Agent	
CRO1	TTY, E WILLIAM, ESQ.		82	Street	Address (P.O. Box Number is Not Acceptal	nle)	
	NORTH GRANDVIEW AVENUE TONA BEACH FL 32018	<u>l</u> _		ļ			
DATI	IONA DEAGN PL 32018		83				
			84	City		FL 85 Zip Code	
<ol> <li>Pursuant or register</li> </ol>	to the provisions of Sections 607.0502 ared agent, or both, in the State of Florid	and 607.1508, Florida Statul	tes, the above-i	named c	corporation submits this statement for the pust board of directors. I hereby accept the app	rpose of changing its registered office	
	ith, and accept the obligations of, Secti	ion 607.0505, Florida Statute	S.	Orations	s board or directors. I hereby accept the app	ointment as registered agent. I am	
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Ager	rt signature	required when reinstating)		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECTORS IN 12	
TITLE	PDS SCHILLER, KARL	X DELETE	1. 1 TOTLE			☐ Change ☐ Addition	
STREET ADDRESS	720 FENTRESS BLVD		1.2 NAME 1.3 STREET	ADDOCCO			
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-S				
TITLE	VDT	☐ DELETE	2. 1 717LE		PVDTS	Change Addition	
NAME STREET ADDRESS	SCHILLER, HERMAN 14 FERNERY TR		2 2 NAME			, ,	
CITY-ST-ZIP	ORMOND BEACH FL		2.3 STREET				
TITLE	VIIIIVIII DE IVIII E	☐ DELETE	2.4 CITY - S 3. 1 TITLE	I-ZIP		Change Addition	
NAME '	3.2 NAME				C visings C vision		
STREET ADDRESS CITY - ST - ZIP			33. STREET				
TIPLE		DELETE	3.4 CITY-ST	I - ZIP		C) Change C) Addition	
NAME			4.2 NAME			Change Addition	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - ST	- ZIP			
NAME		ריין מנינכונ	5 1 TITLE 5.2 NAME			Change Addition	
STREET ADDRESS			5.3 STREET	ADDRESS I			
CITY-S1-ZIP			54 CITY-ST	· I			
TITLE NAME		☐ DELETE	6 1 TITLE			Change Addition	
STREET ADDRESS			6.3 STREET	Innotes			
CITY-ST-ZIP			64 CITY_ST	םול.			
<ol> <li>I do hereby certify that</li> </ol>	y certify that the information supplied with the information indicated on this appua	ith this filing is voluntarily furni	shed and does	not qua	lify for the exemption stated in Section 119.6 curate and that my signature shall have the	07(3)(k), Florida Statutes. I further	
oath: that I	am an officer or director of the corpora Block 12 or Block 13 if changed, or or	tion or the receiver or truster	a report is title	execute	curate and that my signature shall have the e this report as required by Chapter 607, Flo	same legal effect as if made under rida Statutes; and that my name	
	1/.	W/ D // DI		0	1		
SIGNAT		PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Kre	Dete	Daytime Phone #	

Daytime Phone #