

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90053 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F92000000980**

1. Corporation Name  
**DAYTONA PAR 3, INC.**



Principal Place of Business  
 525 FENTRESS BLVD  
 DAYTONA BEACH FL 32120-2860  
 US

Mailing Address  
 P. O. BOX 2860  
 DAYTONA BEACH FL 32120-2860

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29

3. Date Incorporated or Qualified  
**12/21/1992**

4. FEI Number  
**59-315 1516**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**VOGES, WILLIAM J**  
**525 FENTRESS BLVD.**  
**DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	VOGES, WILLIAM J	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	
NAME	MARONEY, PHILIP	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	
NAME	DITTBENNER, EILEEN M	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROOT, CHAPMAN J II	
STREET ADDRESS	525 FENTRESS BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	
NAME	NOWISKIE, RONALD	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RAMANO, SHARON	
STREET ADDRESS	525 FENTRESS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	S		
1.2 NAME	ROMANO, SHARON		
1.3 STREET ADDRESS	525 FENTRESS BLVD.		
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
2.1 TITLE	AS		
2.2 NAME	JONES, VICKY		
2.3 STREET ADDRESS	525 FENTRESS BLVD.		
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
3.1 TITLE	D		
3.2 NAME	ROOT, JOHN S.		
3.3 STREET ADDRESS	525 FENTRESS BLVD.		
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
4.1 TITLE	D		
4.2 NAME	ROOT, WILLIAM S.		
4.3 STREET ADDRESS	525 FENTRESS BLVD.		
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (904) 258-4744  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)