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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION OF CO	ORPORATIONS			
DOCUN 1. Corporation	MENT # F9300	0002825 (8)				
BLM E	EB DAYTONA, INC.					
Principal Place	of Business	Mailing Address			I BBIII) BBIII BBIII BBIII BBIIB BIAFI IBIIB AIBBI BIII FIBE	
ATTN: DOUG COLLINS . 4243 DUNWOODY CLUB DR. STE 200 DUNWOODY GA 30350 US ATTN: DOUG COLLINS . 4243 DUNWOODY CLUB D 4243 DUNWOODY CLUB D DUNWOODY GA 30350 US						
				3. Date Incorporated or Qualify	ļ ,	
2. Principal Pla	and of Rusiness	2a. Mailing Address		06/15/1993 4. FEI Number	01/17/1995	
TIMENTE DURINGSY CLUB DO TIMENTE DICEMBE			DY CLUB D	₹- 58-2023753	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. $Suite$, Apt. #, etc. $Suite$, Apt. #, etc.			<u></u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	·	Cityy& State		6. Election Campaign Financine		
23 MTLRI	MA, GA	28 MTLANTA,	GA	Trust Fund Contribution	Added to Fees	
Zip 30350-	5206 25 USA	29 30350 -5206 3	Country S A	8. This corporation has liability Florida Statutes	for intangible tax under s 199.032, Yes \sum No	
<u> </u>	9. Name and Address of Current			10. Name and Address of Ne		
			81 Name			
			ddress (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET			82	83		
SUITE 105 TALLAHASSEE FL 32301			65			
IALLAII	MODEE PL 32301		84 City		FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named o	orporation submits this statement for the	purpose of changing its registered office	
familiar wit	h, and accept the obligations of, Section	a. Such change was authorized on 607.0505, Florida Statutes.	by the corporation's	s board of directors. Thereby accept the	appointment as registered agent. I am	
SIGNATURE _						
12.	Signature, lyped or printed name of registered agent a OFFICERS AND		Registered Agent signature		DFFICERS AND DIRECTORS IN 12	
THILE	D	DELETE	1. 1 TITLE			
NAME	WAGNER, LEON		1.2 NAME	WAGNER, LEON	Interior 12 Fine	
STREET ADDRESS	11150 SANTA MONICA BLVD SUITE 305		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LOS ANGELES CA	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	NEW YORK, NY		
NAME	MILLER, ROBERT M		2.2 NAME	MILLER, ROBERT	M. Change ☐ Addition	
STREET ADDRESS			2.3 STREET ADDRESS	FOR F GOTH ST ROT OR		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY - ST - ZIP	J	10021	
TITLE	D	☐ DELETE	3. 1 TITLE	7	∠ Addition Addition	
NAME	STERN, WILLIAM		3.2 NAME	NAME STERN, WILLIAM K. STREET, SULTE 10F		
STREET ADDRESS						
CITY-ST-ZIP TITLE	NEW YORK NY	☐ DELETE	3.4 CITY - ST - ZIP	NEW YORK, NY	TO Change To Addition	
NAME	PT Collins, Douglas C	□ pereie	4. 1 TITLE 4.2 NAME	P/T/D COLLINS, DOUGLAS	Change Addition	
STREET ADDRESS	4243 DUNWOODY CLUB DR	STF 200	4.3 STREET ADDRESS	LOCCINS, DUNGODY	CUB DR., SMITE 200	
CITY-ST-ZIP	DUNWOODY GA	LVV	4.4 CITY-ST-ZIP	YZYZ DUNWOODY C ATLANTA, GA VIS LEE, ROBERT B. YZYZ DUNWOODY CLUE ATLANTA, GA	30350-5206	
THILE	\$	DELETE	5. 1 TITLE	11/5	Change Addition	
NAME	Lee, robert b		5.2 NAME	LEE, ROBERT B.	o De Sutte 200	
STREET ADDRESS	4243 DUNWOODY CLUB DR	STE 200	5.3 STREET ADDRESS	4943 DUNWOODY CCUE	0.37	
CITY-ST-ZIP	DUNWOODY GA	FO DECETE	5.4 CITY - ST - ZIP	ATCANTA, CSH	30350-3006	
TITLE	V EAID MADY C	DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	FAIR, MARK G 4243 DUNWOODY CLUB DR	SHITE 200	6.2 NAME			
CITY-ST-ZIP	DUNWOODY GA	SUITE 200	6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP			
	y certify that the information supplied w	ith this filing is voluntarily furnish	ed and does not ou	I alify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further	

certify that the information indicated on this annual upon 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 preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytene Phone #

CR2E034 (12/95)