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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G14146

(6)

DAYTONA MOTEL CONSULTANTS, INC.

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I tabilit bobt libut bibat tibut aibin bilit bibit bibit dibit dibit dibit bibit		
3125 S. ATLANTIC DAYTONA BCH. FL 32118		3125 S. ATLANTIC DAYTONA BCH. FL 32118				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12/20/1982		
2. Principal Pi	aco of Business	2a, Mailing Address				4. FEI Number Applied For		
21		26				59-2247484 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible		
24	25	[29]	30			Personal Property Tax due June 30. K Yes No		
	g. Name and Address of Curr	ent Registered Agent	<del></del>	81	Name	10. Name and Address of New Registered Agent		
	HONSCHECK, DAROLD			°'	Name			
3125 S. ATLANTIC				82	2 Street Address (P.O. Box Number is Not Acceptable)			
DA'	YTONA BEACH FL 32118							
				83				
				84	City	85 Zip Code		
				1 1	•	corporation submits this statement for the purpose of changing its registered		
SIGNATURE	Stynature, typed or printed name of registered a		<u> </u>	d Age	nt signature	required when reinstating)  DATE  ADDITION OF LANCE TO OFFICE DO AND DIRECTORS IN 12		
12.	OFFICERS A	DELETE DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SCHONSHECK, DAROLD			IAME		PT KI CHANGE LI AGURIOI		
NAME	315 RIO PINAR		k		ADDRESS			
STREET ADDRESS	ORMOND BEACH FL							
CITY-ST-ZIP TITLE	8	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition		
NAME	SCHONSHECK SHEILA			2.2 NAME		, <u>-</u>		
STREET ADDRESS	315 RIO PINAR				ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			2. 4 CITY-ST-ZIP				
TITLE		DELETE		3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2	IAME				
STREET ADDRESS			3.3 9	TREET	ADDRESS			
CITY-ST-ZIP			3.4.	CITY - S	ST - ZiP			
TITLE		DELETE	4.1 3	ITLE		☐ Change ☐ Addition		
NAME			4.2	NAME				
STREET ADDRESS			4.3 5	STREET	ADDRESS			
CITY-ST-ZIP				HTY-S	T - ZiP			
TITLE		DETETE	511			Change Addition		
NAME			521	IAME	ļ			
STREET ADORESS					ADDRESS			
CITY-S1-ZIP				CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 1		İ	Change Addition		
NAME			. I	AME				
STREET ADDRESS			6.3 \$	STREET	ADDRESS			
CITY-ST-ZIP			640	CITY-S	T-ZIP			
44 I hereby	certify that the information supplied	with this filing does not quali	fy for the ex	emp	tion state	ed 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 ar 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

×904-1883444