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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J00491

(7)

1. Corporation Name
DAY-TONA SEABREEZE, INC.



Principal Place of Business:
4949 WESTGROVE DR #120
DALLAS TX 75248

Mailing Address
4949 WESTGROVE DR #120
DALLAS TX 75248-6179

3. Date Incorporated or Qualified 02/21/1986	3a. Date of Last Report 02/21/1996
4. FEI Number 75-2092401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4851 Keller Springs Rd. Suite, Apt #, etc. 22 #222 City & State 23 Dallas, Texas Zip 24 75248-5928	26 4851 Keller Springs Rd. Suite, Apt #, etc. 27 #222 City & State 28 Dallas, Texas Zip 29 75248-5928

9. Name and Address of Current Registered Agent ORFINGER, MICHAEL S MONACO SMITH HOOD PERKINS LOUCKS & STOUT 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LITOFF, ELIOT 6938 SPANKY BRANCH DRIVE DALLAS TX <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4851 Keller Springs Rd. #222 Dallas, Texas 75248-5928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LITOFF, CAROL 6938 SPANKY BRANCH DRIVE DALLAS TX <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4851 Keller Springs Rd. #222 Dallas, Texas 75248-5928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LITOFF, HAROLD 84 SHIP STREET, UNIT F-1 EAST PROVIDENCE RI <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Providence, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eliot D. Litoff 2/17/97 (972) 380-8933
SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)