04-01-1999 90016 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J30861

1. Corporation Name

DAYTON	ia beach enterprises,	ing.				
Principal Place	o of Business	Mailing Address		*	- I JANGINA AINN SINSI MAKAN KARIN AIRU AK	TIL BIRNI BISTI BISTI BISTI DIEN ISBU
7548 MUNICIPAL DR 7548 MUNICIPAL DR						
ORLANDO FL 32819 . ORLANDO FL 32819				DO NOT WOITE IN THE COACE		
us Ds					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualifed 08/28/1986	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26		26			59-2722334	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27				Fee Required
City & State		City & State,		6. Election Campaign Financing	\$5.00 May Be —	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	iry	8. This corporation owes the current year	
24	25		30		Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Curre	nt Registered Agent		31 Name	IV. Name and Address of New Register	en udeur
JAMES M SHULER, JR			`	Name		
7548 MUNICIPAL DR			8	32 Street Addr	ress (P.O. Box Number is Not Acceptable)	
				33		
State Company of F 25019				93		
32.93	To the state of th		1	34 City		85 Zip Code
					poration submits this statement for the purpose	
agent. a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Flor	ida Statuti	gent signature require		<u> </u>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.† TITL	E į		☐ Change ☐ Addition ☐
NAME	SHULER, JAMES M., JR.		1.2 NAM	Ε		
STREET ADDRESS	8716 ELLESMERE PL		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 C/TY	'-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITL	£		☐ Change ☐ Addition
NAME	SHULER, JAMES M., JR.		2.2 NAM	E		
STREET ADDRESS	8716 ELLESMERE PL.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CIT	Y-ST-ZIP		
πιε	ST	DELETE	3.1 TITL	E		Change Addition
NAME	SHULER, LISA		3.2 NAM	VE		
STREET ADDRESS	8716 ELLESMERE PL.		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CIT	Y-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITL	E		Change Addition
NAME	RUDD, KEN		4.2 NA	AE		
STREET ADDRESS	1545 HILLTOP DR.	•	4.3 STR	EET ADDRESS		
CITY-ST-ZIP	SHELBY NC		4.4 CITY	'-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TTL	l l		☐ Change ☐ Addition
NAME	COOK, DORIS		5.2 NAM			
STREET ADDRESS	8482 CARDWAY CT			EET ADDRESS		Į
CITY-ST-ZIP	ORLANDO FL 32819			/-ST-ZIP		
TITLE	D	DELETE	6.1 TITL	- 1		☐ Change ☐ Addition
NAME	COOK, ELMER B		6.2 NAM	Œ		
STREET ADDRESS	8482 CARDWAY CT		6.3 STR	EET ADDRESS		

ORLANDO FL 32819 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 control or the receiver of fusee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the national statutes, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

KEQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR