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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J57472

(9)

BEACH CLUB CORPORATION OF DAYTONA Principal Place of Business Mailing Address 5460 EAST LAPALMA AVENUE SUITE 210 ANAHEIM CA 82807 SUITE 210 ANAHEIM CA 82807						3. Date Incorporated or Qualified 3a. Date of Last Report				
						3. Date Incorporated or Qualified 02/18/1987	T .	ite of Last P 22/1996	eport	
2. Principal	Place of Business	2a. Mailing Address				4. FE! Number	U4/2		pplied For	
21		26				58-1752615			ot Applicable	
Sute Ap	ot# etc	Suite Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State 23		City & State	}			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zipi	Country	Zipi	Cou	ntry		8. This corporation has liability for		tax under s	199.032,	
24	25	[29]	30					3 No		
 .	9. Name and Address of Curr	ent Hegisterea Agent		81	Name	10. Name and Address of New Ro	agistered /	Agent		
F & L CORP.										
THE GREENLEAF BUILDING 200 LAURA STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
	CKSONVILLE FL 32202-0250		f	83	· · · · · · · · · · · · · · · · · · ·					
UA	ORGONNIELE 1 E GEEGE GEGG		{		·			-1		
				84	City		FL	85 Zip	Code	
SIGNATURE	and familian with, and appopt the obli-	igations of, Section 607 0505, t gent and treat applicable (N	Florida Stat	utes.		poration submits this statement for the tion's board of directors. I hereby acce ired when renstating)	DATE			
12.	The same of the sa	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
Tilt	VD	L_ DELETE			}			Change	Addition	
NAME Cancer Response	WILLIAMS, THOMAS P. 5480 E LAPALMA AVE, #210		1.2 6		ADDRESS					
STREET ADDRESS CHY+ST-ZIP	ANAHEIM CA									
THEF	PD			1.4 City-St-ZiP 2.1 Title				Change	Addition	
NAME	WALDEN, S.M.		2.2 NA	IME	1			- •		
STREET ACCIDENCE	AREA MI BIOMPEO MINT		23 ST	REETA	ADORESS					
CHY \$1-711	OAK HARBOR WA		2 40	ITY - S1	-ZIP					
tallf	STD	☐ DELETE	3.1 7()	ILE				Change	Addition	
NAME	MOUW, GLENN		3 2 NA	ME	ĺ					
STREET ADDRESS	1				IDDRESS (
CITY - \$1 - 749	OAK HARBOR WA	☐ DELETE	34 C		1 - ZIP			Change	Addition	
1.[1]		L'1 DECENE	4.1 Til					Unange	L Addition	
NAME STREET ADDRESS			4.2 N		ADDRESS					
CITY - \$1 - ZIP			4.3 SI		ſ					
Maf		DELETE	5 1 TI		40	***		Change	Additron	
NAME			5 2 NA		1			_ •		
STREET ALCOHES	4,				ADDRESS					
C 1Y-81-7#		1	5.4 CI							
71167		DELFTE	6 1 10		1			☐ Change	Addition	
NAME			62 N	AME						
STREET ACCRECS	S		6.3 \$1	REET A	address (
CHY-ST 7IP	1									
Cut-2, 46,			6 4 CI	TY-SI	-ZIP 1					

14. Lac hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicarca 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 are no 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 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 904-427-3452

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FILED

Mar 21 1997 8:00am

Secretary of State