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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #	K36395	(7)				
DANIEL R. VAUGHEN, P.A.) 		
Principal Place of Business		Mailing Address			F	
333 E. NEW YORK AVE P.O. BOX 364 MAINSTREET CENTER: SUITE 201 DELAND FL 32721-364 P.O. BOX 364 MAINSTREET CENTER: SUITE 201 DELAND FL 32721-364						
US		US		3. Date Incorporated or Qualified 10/01/1988	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 21 3338 New	Lat Are	26 Albay 3	36 (4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>	59-2915156 5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
23 Delaud, FC	·	28 Delaad	FC	Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 2729 25	Country	29 32721-0364	Country 30	8. This corporation has liability for	intangible tax under s. 199.032,	
	d Address of Current R		30 05/	Florida Statutes Yes 10. Name and Address of New R	No longitude Ament	
			B1 Name	IV. Name and Address of New P	legistered Agent	
Vaughen, daniel f 333 e. New York a 101 North Wood ∋ Deland Fl- 32721 -03	ve Ind:routevard /	INIT	82 Street 83 84 City	Address P.O. Box Number is Not Acceptable 3 E. WOW York	TVE // U.C.	
	/	607.1508, Florida Statutes, Such change was authorized 807.0505, Florida Statutes.	the above-named co by the corporation's	PLANG upporation submits this statement for the pur board of directors. I hereby accept the appora-	pose of changing its registered office pintment as registered agent. I am	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE	inted ranks of registered/agent and it		Registered Agent signature r		4/26/96	
12.	OFFICERS AND DI	RECTORS)	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
NAME VAUGHEN	,	DELETE	1. 1 TIFLE	March - Deviale	CERS AND DIRECTORS IN 12 Change: Addition	
_	W YORK AVE.		1.2 NAME 1.3 STREET ADDRESS	Vaughen, DanielR.		
CITY-ST-ZIP DELAND F			1.4 CITY-ST-ZIP	027211		
TITLE		☐ DELETE	2 1 TITLE	-9-1-9	Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP Title		DELETE	2.4 CiTY - ST - ZiP			
NAME		- percit	3 1 TITLE 3.2 NAME		Change Addition	
SIREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME. STREET ADDRESS			4.2 NAME			
CHY+SI-ZIP			4.3 STREET ADDRESS			
TITLE		☐ DELETE	4.4 City - St - ZiP 5. 1 Title		Change Addition	
VAME		_	5.2 NAME		Fill average Little and the little	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-SI-ZIP			54 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS DITY-ST-ZIP			6.3 STREET ADDRESS			
14. I do hereby certify that the	information supplied with	this filing is voluntarily furnish	6.4 CITY-ST-ZIP ed and does not qual	ify for the exemption stated in Section 119.0	7(3)(k). Florida Statutes 1 further	
Certify triat trie intofffations	director of the compation	OON OF SUDDIMENTAL ANNUAL	report is true and act mpowered to execute	curate and that my signature shall have the set this report as required by Chapter 607, Flo	nana lagal affact ag if mandad	
SIGNATURE: 🍂	MATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER O	R DIRECTOR	4/24/96 Date	404738746 C	