FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 19 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 # **L30684** **(9)**

1. Corporation Name
CRUISIN PLAZA, INC.

Principal Place of Business	Mailing Address
2 S. ATLANTIC AVE DAYTONA BEACH FL 32118 US	~~0000 S. ATLANTIC AVE~~ ~~DAYTONA BEACH SHORES FL 32118-5014~~ US

3. Date Incorporated or Qualified: 11/15/1989
3a. Date of Last Report: 07/29/1996

2. Principal Place of Business	2a. Mailing Address
21	26 2 S. ATLANTIC AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 DAYTONA BEACH FL
Zip 24 / Country 25	Zip 29 32118 / Country 30 US

4. FEI Number: 59-2981935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MYARA, ALAIN~~ ~~2060 S. ATLANTIC AVE~~ ~~DAYTONA BEACH FL 32118~~	81 Name: MYARA, DANIEL 82 Street Address (P.O. Box Number is Not Acceptable): 2 S. ATLANTIC AVE 83 84 City: DAYTONA BEACH FL 85 Zip Code: 32118

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: X _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE	D.P.V.P.S.T.	☒ Change ☐ Addition
NAME	~~MYARA, ALAIN~~		1.2 NAME	MYARA, DANIEL	
STREET ADDRESS	~~525 N ATLANTIC AVE~~		1.3 STREET ADDRESS	2 S. ATLANTIC AVE	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~		1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/19/97

200002218242
-06/20/97--01027--050
***165.00

CR2E034 (9/96)

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: X _____ President 6/19/97 904-253-5522