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

1. Corporation		6 (4)			<u></u>			
	DAY "U", INC.							
Principal Place of Business 509 PALM BEACH ROAD STURAT FL 34994 US Mailing Address 1162 SE ST. LAWRENCE W STURAT FL 34997 US			ICE WAY				A Aria estil eli	at a 1011 01011 41611 618tt (68t
						3. Date Incorporated or Qualified 12/27/1989		of Last Report 1/30/1995
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 65-0197382		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip 24	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for	ntangible ta	Added to Fees ux under s 199.032,
	9. Name and Address of Current	Registered Agent	1221			10. Name and Address of New R	_	Agent
				B1 N	lame			
COLLIN, DANIELLE L. 1162 SE ST. LAWRENCE WAY			į.	82 S	treet Addres	ress (P.O. Box Number is Not Acceptable)		
	FL 34997		ļ	83				
			-	B4 C	ity		FL	85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statute a. Such change was authorizi on 607.0505, Florida Statutes	es, the aboved by the co	e-nam orporal	ed corporation's board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of cha pintment as	nging its registered office registered agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered A	gent sign	nature required w		DATE	B.D. A. T. D. T. C. T. C
TITLE	P	DELETE	1.170	F		ADDITIONS/CHANGES TO OFFI		Change: Addition
NAME	COLLIN, DANNIELLE LYNN		1.2 NAN	AE			L	J complete T vegetion
STREET ADDRESS	1162 SE ST LAWRENCE WAY	•	1.3 STR	EET ADD	RESS	·		
CITY-ST-ZIP	STUART FL		1.4 CITS	/- S1 - 2H				
TITLE	TS	☐ DELETE	2 1 TiTt	.£				Change Addition
NAME	COLLIN, STEVE		2.2 NAM	1E				
STREET ADDRESS	1162 SE ST LAWRENCE WAY STUART FL		2 3 STRI	eet addi	RESS			
CITY-S1-ZIP TITLE	STUART FL	□ DOLETE	2.4 CITY		1			
NAME		☐ DELETE	3.1111] Change Addition
STREET ADDRESS			3.2 NAM	ie Eet add	DECC			
CITY-ST-7IP			3 4 CITY					
TITLE		☐ DELETE	4. 1 THL					Change Addition
NAME			4.2 NAM	IE	-		_	,
STREET ADDRESS			4.3 STRE	ET ADDE	RESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5. 1 T(T)	E				Change 🔲 Addition
NAME etorci annoncee			5.2 NAM					
STREET ADDRESS			53 STRE					
CITY - ST - ZIP		☐ DELETE	5.4 City 6. 1 Titl					1.05
NAME		- Pettit	6.1 HIL 6.2 NAM				L	Change Addition
STREET ADORESS			6.2 NAM 6.3 STRE		FCC			
CITY-ST-ZIP			6.4 CITY					
	certify that the information supplied with							

oath; that I am an officer or director appears in Block 12 or Block 13 if d receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and with an address.

SIGNATURE: