FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # TOP OF DAYTONA CORPORATION Mailing Address Principal Place of Business 2625 S.ATLANTIC AVE. 2625 S.ATLANTIC AVE. DAYTONA BCH.SHORES FL 32118 DAYTONA BCH.SHORES FL 32118 3a. Date of Last Report 3. Date Incorporated or Qualified 07/05/1984 03/09/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2419705 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zφ Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent **B1** Name Street Address (P.O. Box Number is Not Acceptable) ZACHARY, VICTOR 2625 S. ATLANTIC AVE. 83 DAYTONA BEACH FL 32118 Zip Code 85 City 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Chance ☐ Addition DELETE 1. 1 TITLE TITLE 1.2 NAME ZACHARY, VICTOR T. NAME 1.3 STREET ADDRESS 2625 S ATLANTIC AVE STREET ADDRESS 14 CITY-ST-ZIP DAYTONA BCH FL CITY-S1-ZIP Change Addition DELETE 2 1 TITLE THILE ANDROUS MADA 2.2 NAME FINDROUS, VADA NAME 2.3 STREET ADDRESS 2625 S. ATLANTIC AVE STREET ADDRESS 24 CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP Change ■ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Chan je ☐ Addition DELETE 4 1 TITLE TITLE 42 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-7IP Addition ☐ Change DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Charge Addition DELETE 6. 1 TITLE THE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the informatior 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. OFFICE OR DIRECTOR Presedent Date 4-26, -96
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