

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32391 (7)
1. Corporation Name

DAYTONA BEACH CHAPTER AMERICAN INSTITUTE OF ARCH
TECTS, INC.



Principal Place of Business Mailing Address
PO BOX 748 PO BOX 748
DAYTONA BEACH FL 32015 DAYTONA BEACH FL 32015

3. Date Incorporated or Qualified 05/19/1989	3a. Date of Last Report 08/16/1995
4. FEI Number 59-2930826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HARPER AND WING, P.A.
595 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HAWKINS, TROY A.		
STREET ADDRESS	326 S. GRANDVIEW		
CITY - ST - ZIP	DAYTONA BEACH FL		
TITLE	TSD	<input type="checkbox"/> DELETE	
NAME	HALL, JOHN E		
STREET ADDRESS	326 S. GRANDVIEW		
CITY - ST - ZIP	DAYTONA BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SMITH, DANA M.		
STREET ADDRESS	770 W. GRANADA BLVD. #309		
CITY - ST - ZIP	ORMOND BEACH FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	LO GALBO, S.E.		
STREET ADDRESS	5 WILLARD PLACE		
CITY - ST - ZIP	PALM COAST FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MCGEE, KENNETH		
STREET ADDRESS	211 N RIDGEWOOD AVE #201		
CITY - ST - ZIP	DAYTONA BEACH FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	ROBINSON, LARRY		
STREET ADDRESS	414 N. HALIFAX AVE.		
CITY - ST - ZIP	DAYTONA BEACH FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	JAMES M. WACHTEL		
1.3 STREET ADDRESS	23 RIO PUERTO TR.		
1.4 CITY - ST - ZIP	ORMOND BEACH, FL 32074		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

JAMES M. WACHTEL JAMES M. WACHTEL

7-22-96 904-673-6736