

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N36343** (4)

1. Corporation Name

THE DAYTONA BEACH PROP WALKERS, INC.



Principal Place of Business	Mailing Address
C/O JAY GOLDBERG 5823 MYSTIC DRIVE POINT ORANGE FL 32127 US	C/O JAY GOLDBERG 5823 MYSTIC DRIVE POINT ORANGE FL 32127-6015 US

2. Principal Place of Business	2a. Mailing Address
21 C/O DAVID KOLMEL Suite, Apt. #, etc. 22 4790 SPRUCE CREEK RD City & State 23 PORT ORANGE, FL Zip Country 24 32127 25 US	26 C/O DAVID KOLMEL Suite, Apt. #, etc. 27 4790 SPRUCE CREEK RD City & State 28 PORT ORANGE, FL Zip Country 29 32127 30 US

3. Date Incorporated or Qualified 01/23/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3014713	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	

9. Name and Address of Current Registered Agent	
GOLDBERG, JAY 5823 MYSTIC DRIVE PORT ORANGE FL 32127	

10. Name and Address of New Registered Agent	
81 Name	KOLMEL DAVID
82 Street Address (P.O. Box Number is Not Acceptable)	4790 SPRUCE CREEK ROAD
83	
84 City	PORT ORANGE FL 85 Zip Code 32127

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 David G. Kolmel David G. Kolmel 3/20/97
Signature typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GOLDBERG, JAY
STREET ADDRESS	5823 MYSTIC DR
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	VPD
NAME	KOMEL, DAVE
STREET ADDRESS	4790 SPRUCE CREEK ROAD
CITY-ST-ZIP	PORT ORANGE FL
TITLE	STD
NAME	GOLDBERG, SUSAN
STREET ADDRESS	5823 MYSTIC DRIVE
CITY-ST-ZIP	PORT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	KOLMEL, DAVID
1.3 STREET ADDRESS	4790 SPRUCE CREEK RD.
1.4 CITY-ST-ZIP	PORT ORANGE, FL. 32127
2.1 TITLE	VPD
2.2 NAME	CRISALLI, CHRISTOPHER
2.3 STREET ADDRESS	2635 BELMONT AVE.
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168
3.1 TITLE	SD
3.2 NAME	MERRITT, HILLARY
3.3 STREET ADDRESS	1920 PINETREE DR.
3.4 CITY-ST-ZIP	EDGEWATER, FL. 32141
4.1 TITLE	TD
4.2 NAME	GOLDBERG, SUSAN
4.3 STREET ADDRESS	5823 MYSTIC DR.
4.4 CITY-ST-ZIP	PORT ORANGE, FL. 32127
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David G. Kolmel David G. Kolmel 3/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone 0002646

CR2E037 (9/96)