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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36343** (4)

1. Corporation Name

**THE DAYTONA BEACH PROP WALKERS, INC.**

Principal Place of Business

Mailing Address

% DAVID KOLMEL  
4790 SPRUCE CREEK RD  
PT ORANGE FL 32127  
US

% DAVID KOLMEL  
4790 SPRUCE CREEK RD  
PT ORANGE FL 32127  
US

3. Date Incorporated or Qualified

**01/23/1990**

4. FEI Number

**59-3014713**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLMEL, DAVID  
4790 SPRUCE CREEK RD  
PT ORANGE FL 32127

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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 PD  
NAME KOLMEL, DAVID  
STREET ADDRESS 4790 SPRUCE CREEK RD  
CITY-ST-ZIP PT ORANGE FL

TITLE VPD  
NAME CRISALLI, CHRISTOPHER  
STREET ADDRESS 2635 BELMONT AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE SD  
NAME MERRITT, HILLARY  
STREET ADDRESS 1920 PINETREE DR  
CITY-ST-ZIP EDGEWATER FL

TITLE TD  
NAME GOLDBERG, SUSAN  
STREET ADDRESS 5823 MYSTIC DR  
CITY-ST-ZIP PT ORANGE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, on an attachment with an address.

SIGNATURE:

*David Kolmel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/98* 904 427-3369  
Date Daytime Phone # 00000000

CR2E037 (10/97)