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May 01 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002012**

1. Corporation Name

**SOUTH DAYTONA CYCLONES, INC.**

Principal Place of Business

Mailing Address

**910 LEMON ROAD**  
**SOUTH DAYTONA, FL. 32119**

3. Date Incorporated or Qualified  
**12/03/1996**

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-3418709</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25		
	29	30	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, DAVID P.**  
**910 LEMON ROAD**  
**SOUTH DAYTONA, FL. 32119**

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	DP	1.1 TITLE	D
NAME	ALEXANDER, DAVID P.	1.2 NAME	SMITH, DAVID
STREET ADDRESS	910 LEMON RD	1.3 STREET ADDRESS	2235 GROWN ST.
CITY-ST-ZIP	SOUTH DAYTONA, FL. 32119	1.4 CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE	DV	2.1 TITLE	D
NAME	HELLMICH, JAMIE	2.2 NAME	SITA, JOSEPH
STREET ADDRESS	2260 GRANADA ST.	2.3 STREET ADDRESS	1350 ANNA MARIA CIRCLE
CITY-ST-ZIP	S. DAYTONA, FL. 32119	2.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119
TITLE	DT	3.1 TITLE	D
NAME	FOX, RUSSELL	3.2 NAME	KUACK, DENNIS
STREET ADDRESS	110 WINDWARD LN	3.3 STREET ADDRESS	2007 S. PALMETTO ST.
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	3.4 CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE	DS	4.1 TITLE	D
NAME	STANLEY, TERRY	4.2 NAME	SOPPET, TERRY
STREET ADDRESS	524 ARNOLD DR	4.3 STREET ADDRESS	941 DUNCAN RD
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114	4.4 CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE		5.1 TITLE	D
NAME		5.2 NAME	JEFFRIES, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	1629 LOCKHART ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 P. Alexander*

DAVID P. ALEXANDER

4/19/97

904-760-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)