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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049191 (8)

CDL OF DAYTONA, INC.

FILED Apr 22 1997 8:00am Secretary of State



| Principal Prace of Business Mailing Address | | | | | | | | |
|--|---|-----------------------|-----------------------|-----------------|--|-----------------------------------|-----------------|--|
| | | | | | | | | |
| 413 OAK PLACE 413 OAK PLACE BLDG 4 Ste A BLDG 4 Ste A | | | | | | | | |
| ORT ORANGE | | PORT ORANGE FL 3212 | 7-4375 | | | | | |
| | | | | | Date Incorporated or Qualified 07/06/1993 | 3. Date Incorporated or Qualified | | |
| 2. Principal P | tace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied | d For | |
| | | 26 | | | 59-3190953 | Not Ap | plicable | |
| Suite Apt | # etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | See Require | | |
| City & Stat | е | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Added to Fe | | |
| Zιρ | Country | Ζιp | Count | ry | 8. This corporation has liability for | | 032, | |
| | 25 | 29 | 30 | | | Yes No | | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New F | legistered Agent | | |
| | X P. LOYD | | 8 | 1 Name | | | | |
| | 7 LONGFORD CIRCLE | | 8 | 2 Street | Address (P.O. Box Number is Not Accept | able) | | |
| ORM | MOND BEACH FL 32141 | | 8 | - | | · | | |
| | | | ° | " | | | | |
| | | | 6 | 4 City | | 85 Zip Code | 9 | |
| | | | | | d corporation submits this statement for the poration's board of directors. I hereby acc | FL B | | |
| 2, | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | | |
| 12. | OFFICERS A | AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OF | | V 12 Additio | |
| TILE NAME | LOYD, ALEX P | Попи | 1.2 NAM | | | المان المان المان | , i manero | |
| TREET ADDRESS | 2710 VICTORY PALM | | | ET ADDRESS | Į. | | | |
| -dy-\$1-7IP | EDGEWATER FL 33569 | | 1.4 CITY | - ST - ZIP | | | | |
| HI E | ٧ | DELFTE | 2.1 TITU | | | Change | Additio | |
| i4ME | LOYD, DEBORAH S | | 2.2 NAM | E | }. | | | |
| STREET ACTIONS | 2710 VICTORY PALM EDGEWATER FL 33569 | | 4 | ET ADDRESS | | | | |
| OLY STEZIE THE | EDOCANTEN LE 22009 | DELETE | 2. 4 GiTV 3.1 TITU | /-\$T-ZIP : | | Change | Additio | |
| AM) | | | 3.2 NAM | | | | , , , , , , , , | |
| THEET ACHRESS | | | | et address | | | | |
| 311Y - 51 - Z 1P | | | 3.4. CITY | -ST-ZIP | | | | |
| li (F | | DELETE | 4.1 TITL | | | Change _ | Additio | |
| MAM: | | | 4. 2 NAN | | | | | |
| SIPEE: ADDRESS | | | | ET ADORESS | | | | |
| DITY-ST_ZIP DULE | | DELETE | 4.4 CITY 5.1 TITL | | | Change | Additio | |
| IAME | | | 5.2 NAM | | | | | |
| STALST ADDRESS | | | | ~ Et address | | | | |
| MEXIST Zer | | | 1 | -ST-ZIP | <u> </u> | | | |
| MUE | | DELETE | 61 1111 | | | Change | Additio | |
| NAME | į | | 6.2 NAM | E | | | | |
| STREET ADDRESS | | | 6.3 STRE | ET ADORESS | | | | |
| C-13 - ST - ZIP | | | 6.4 CITY | -ST-ZIP | | | | |

14. To bereby certily 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 arr 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.

SIGNATURE:

SIGNATURE AND CHED OF PRINTED NAME OF BIGNING OF

4-15-97 904761-5225