FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000071909 (3)

DOCUMENT #
1. Corporation Name

W. DA	Y AND ASSOCIATES, INC.				
Principal Place	of Business	Mailing Address			
3080 NW 99TH AVENUE CORAL SPRINGS FL 33065		3080 NW 99TH AVENU CORAL SPRINGS FL 3			
				3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2419625	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z ₁ p	Country	8. This corporation has liability for i	intangible tax under s 199.032, ☐ No
24	25	29	30	Fiorida Statutes Yes 10. Name and Address of New R	
	Name and Address of Curren	r negistered Agent	81 Name	10. Marite Bild Addition of Now 1	
1 AM/DE	ENCE J. MARRAFFINO P.A.		- - / - / - / - / -		1-1
	SLADES ROAD		82 Street Addr	ess (P.O. Box Number is Not Acceptab	HE)
SUITE			83		
	RATON FL 33431				ar Zin Codo
	TENTON TE GOVOT		84 City		FL 85 Zip Code
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sact Sprage, band or prived rains of registered agent	da. Such change was authorize ion 607,0505, Florida Statutes.	d by the corporation's boar	ation submits this statement for the pur rd of directors. I hereby accept the app	ointment as registered agent. I am
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	0	DELETE	1. 1 DITLE		☐ Change ☐ Addition
NAME	DAY, WARREN G		1.2 NAME		
STREET ADDRESS	4231 NE 23RD TERRACE	***	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33		1.4 CITY - ST - ZIP		Change Addition
TITLE	D DAY IAMEO	DELETE	2.1 TITLE		Change Machion
NAME	DAY, JAMES L		2.2 NAME		
STREET ADDRESS	4231 NE 23RD TERRACE LIGHTHOUSE POINT FL 33	ne.a	2 3 STREET ADDRESS		
CITY-ST-ZIP	D D	DELETE	24 CITY- ST-ZIP 3 1 TITLE		Change Addition
TITLE	DAY, JANE S	L., Decere	3.2 NAME		
NAME STREET ADDRESS	4231 NE 23RD TERRACE		. 3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33	064	3 4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME		-	4.2 NAME	1000018	11991
STREET ADDRESS	}		4.3 STREET ADDRESS	100018 -05/07/9601 ***200.00	143033
CITY-ST-ZIP			4.4 CHY-ST-ZIP	***200.00	
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1 100
TITLE		☐ DELETE	6. 1 TITLE		S Addition Addition
NAME			6.2 NAME		J '2
STREET ADDRESS	1		6.3 STREET ADDRESS		V 1-

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. If 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 early, that I am 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: __

STREET ADDRESS

PROMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR