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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE: ___

DIVISION OF CORPORATIONS P94000084911 (4) DOCUMENT #

DAYTONA HOTEL CORPORATION Principal Place of Business Mailing Address 433 CALIFORNIA ST STE. 700 433 CALIFORNIA ST STE. 700 SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1994 03/16/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3283799 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zφ Zip Florida Statutes Yes No 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHN MACKEY Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 62 550 AUGUSTA NATIONAL DRU 1200 SO. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 84 City DRLANDO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 point of directors. I helpoby accept the appointment as registered agent. I am or registered agent, or both, in the State of Florida. Such change was authorized by the corporati familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. JOHN MACKEY (NOTE: Rug stered Age Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change TIFLE 1. 1 TITLE Lui, LAWRENCE E034 LUI. LAWRENCE 1.2 NAME NAME 700 ENCALYPTUS DRIVE 700 EUCALYPTUS AVENUE 1.3 STREET ADDRESS STREET ADDRESS HILLSBORINGH CA 94010 HILLSBOROUGH CA 94010 1.4 CITY-ST-ZIP CITY - \$T - ZIP ☐ Change DELF TE 2 1 TITLE TIT.F D WEIBLE, JOYCE M. 433 CAUFORNIA ST., 7th FL LUI, GORETTI 22 NAME NAME 700 EUCALYPTUS AVENUE 2.3 STREET ADDRESS STREET ADORESS SAN FRANCISCO. CA 94104-2011 HILLSBOROUGH CA 94010 24 CITY-ST-ZIP CICY - ST - ZIP DELETE 3 1 TITLE Change Addition 11111.6 LEUNG, WILFRED CARTER, ANTONY 3.2 NAME NAME 433 CAUFORNIA ST., 7th FL. SAN FRANCISCO, CA 94104-2011 596 DALEWOOD DRIVE 3.3. STREET ADDRESS STREET ADDRESS ORINDA CA 94563 3.4 CITY-S1-ZIP DiTY-ST-ZP Addition Change . DELFTE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREEL ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP ☐ DELFTE Change Addition 5 1 TITLE THE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-S1-ZIP DELETE ☐ Change Addition TIFLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this pling 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 agricular 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 odiporation 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 change of on any attachment with an address.

SIGNING OFFICER OR DIRECTOR