

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006929 (0)

1. Corporation Name
DAYTONA REPOWER, INC.



Principal Place of Business: ~~434 N. HALIFAX AVE., STE. 2 DAYTONA BEACH FL 32118~~
Mailing Address: ~~434 N. HALIFAX AVE., STE. 2 DAYTONA BEACH FL 32118~~

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: 2/17

2. Principal Place of Business: 21 3604 W. INTL. SPEEDWAY BLVD
22 Suite, Apt. #, etc.
23 DAYTONA BEACH, FL
24 32124
25 VOLUSIA
26 3604 W. INTL. SPEEDWAY BLVD
27 Suite, Apt. #, etc.
28 DAYTONA BEACH, FL
29 32124
30 VOLUSIA

4. FEI Number: 59-3297097
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TERACINO, BART A
~~434 N. HALIFAX AVE., STE. 2 DAYTONA BEACH FL 32118~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3606 W. INTL. SPEEDWAY BLVD.
83
84 City: DAYTONA BEACH FL 85 Zip Code: 32124

11. Pursuant to the provisions of Sections 607.0502 and 607.508 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 607.0505, Florida Statutes.

SIGNATURE: *Bart A. Teracino* BART A. TERACINO 4/22/96
Signature typed or printed name of registrant a part of the filing (Date)

12. OFFICERS AND DIRECTORS

TITLE	PRES / TRUSTEE	<input type="checkbox"/> DELETE
NAME	BART A. TERACINO	
STREET ADDRESS	3606 W. INTL. SPEEDWAY BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
TITLE	SEC / V. PRES	<input checked="" type="checkbox"/> DELETE
NAME	DARLENE TERACINO	
STREET ADDRESS	434 N. HALIFAX AVE STE 2	
CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEC / V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER J FORGIONE	
1.3 STREET ADDRESS	3608 W. INTL. SPEEDWAY BLVD.	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *Bart A. Teracino* BART A. TERACINO 4/22/96 904-258-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date/Phone)

CR2E034 (12/95)