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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000022475 (4)

DOCUMENT #	P95000022475	(4
DAYDREAMERS, INC) ;	



	e of Business	Mailing Address			4 indiindt till iftifte mitte ditte mitte		
		203 NORTH LAKE COU KISSIMMEE FL 34743	203 NORTH LAKE COURT KISSIMMEE FL 34743				
					3. Date Incorporated or Qualified 03/20/1995	3a. Date of	Last Report
├ ── `	Place of Business	2a. Mailing Address			4. FEI Number		Applied Fo
21		26			59-330540	7	Not Applic
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Addition Fee Required
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00 May Be
23		26	т		Trust Fund Contribution		Added to Fees
Zip	Country 25	Zip	Country	,	8. This corporation has liability for		nders 199.032,
24	9. Name and Address of Currer	29 29 Anent	30		Florida Statutes Yes 10. Name and Address of New F	□ No	
	3. Name and Address of Carrel	it negistered Agent	81	Name	10. Name and Address of New H	legistered Age	ont
MANTE	MAYOR, ANDREW J						
	IRTH LAKE COURT		82	Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
	MEE FL 34743		83				
MOOIM	MEE 1 E 34743						
			B4	City		FL 8	5 Zip Code
11. Pursuant	to the provisions of Sections 607 0500	and 607 1508 Florida Statute	is the above i	named corpo	ration submits this statement for the pur		
Or registe	reo agent, or born, in the State of Fiori	ua. Such change was authorize	30 by the com	oration's boa	ard of directors. I hereby accept the appoint	pose of changil pintment as regi	ig its registered i istered agent. I a
	ith, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title diagologishe (NO)	E: Registered Ager	at pignal, we year ive		DATE	
12.	OFFICERS AN			ii agi ata a raquit			RECTORS IN 12
TITLE	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIF	
	D	D DIRECTORS	13. 1. 1 T(TLE				
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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 if changed, or on an attachment with an address.

SIGNATURE:

Dare 04 . 20 . 96 (407) 344-170 \$