FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000025012 (2)

DAY AGENCY, INC.

Principal Place of Business Mailing Address								
11320 SE FED HOBE SOUND		11320 SE FEDERAL HWY HOBE SOUND FL 33455-5	207					
					3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last R 05/01/1996	leport	
	face of Business	2a. Mailing Address		 	4. FEI Number 65-0606085		oplied For	
26 Suite, Apl. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired S8.75 Additional			
22 27				·····		Fee Re	equired	
City & Stat	le	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes	ntangible tax under s	. 199.032,	
	9. Name and Address of Cur		30		10. Name and Address of New Reg			
DA	Y, ALEXIS J			81 Name				
11320 SE FEDERAL HWY				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
HO	BE SOUND FL 33455			83				
				84 City		85 Zip	Code	
11 Pursuan!	to the provisions of Sections 607.	1502 and 607 1508. Florida Statut	es the al	ove-named cor	poration submits this statement for the p	Urpose of changing i	ts registered	
office or i	registered agent, or both, in the St	ate of Elorida. Such change was a digations of, Section 607.0505, Fi	authorize	t by the corpora	tion's board of directors. I hereby accep	t the appointment as	registered	
SIGNATURE	alles Car	May Alexis	•	Day	أد	15/97		
		lagent and Africapal cable (NOT AND DIRECTORS	E: Registered	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OC IN 12	
TOLE	PD	DELETE 11TI		TLE]	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	DAY, STEVEN F							
STREET ADDRESS	9300 SE EAGLE AVE		1351	REET ADDRESS				
CITY-ST-7IP	HOBE SOUND FL		140					
TITLE	STD	DELETE 21 TI 22 N.		LE		☐ Change	Addition	
NAME	DAY, ALEXIS J			IME				
STREET ADDRESS	9300 SE EAGLE AVE		2 3 S1	REET ADDRESS		·		
CITY-ST-ZIP	HOBE SOUND FL	DELETE	2 4 C	TY - ST - ZIP		Change	Addition	
TITLE		☐ DEFE IE	1			[_] Orlange	LLJ ROUIION	
NAME STREET ADDRESS			3 2 N	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	4.1 TI			☐ Change	Addition	
NAME			4. 2 N	AME		•		
STREET ADDRESS			4.3 \$	REET ADDRESS				
CITY - ST - ZIP			4.4 C	TY-ST-ZIP				
TITLE	☐ DELETE 5		5.1 T	TLE		☐ Change	Addition	
NAME			5.2 N	IME				
STREET ADDRESS			5.3 \$	REET ADDRESS				
CITY-S1-ZIP			5.4 C	TY-ST-ZIP		1		
TITLE		☐ DELETE	6.1 Y			Change	Addition	
NAME			6.2 N	VME				
STOCKY ADDRESS				DEET ADDRESS				

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - \$1 - ZIP

14. I do hereby certify 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 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 ghanged, or on an attachment with an address.

FILED

Jan 23 1997 8:00am

Secretary of State