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

Mailing Address

206 B MOORE AVENUE

2a. Mailing Address

DAYTONA BEACH FL 32118-5185

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business

DAYTONA BEACH FL 32118

2. Principal Place of Business

206 B MOORE AVENUE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000069870 (0)

DAYTONA BEACH MUSIC FESTIVAL INC.

59-3334414 Not Applicable 21 26 Suite, Apl. #, etc. \$8.75 Additional Suite Ant # etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CROCCO, JERRY 206 B MOORE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 84 City Zio Code 85 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 board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE or about dypositions and sense of registered agent and tills if approable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Till.E 1 1 TITLE CROCCO, JERRY 1.2 NAME DAME 1500 VIRGINIA AVENUE #C110 STHEEL ACTORESS 13 STREET ADDRESS DAYTONA BEACH FL 22114 1.4 CITY - ST - ZIP CHY-SI-7-2 DELETE VP Addition HILE 2.1 TITLE CHRISTESON, NORTON DR. 2.2 NAME NAME 368 ALETHA DRIVE STREET ADDRESS 2 3 STREET ADDRESS DAYTONA BEACH FL 32114 2 4 CiTY - ST - ZIP OTY-ST-Z-P DELETE 3.1 TITLE Change Add-tion THE HOLLINGSWORTH, DAVID NAME 3.2 NAME **376 MCINTOSH ROAD** STREET ADDRESS 3.3 STREET ADDRESS **ORMOND BEACH FL 32174** 011Y - \$1 - Zir 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE 1.114 CASSEVOY, NICHOLAS MAME 4.2 NAME 4319 SOUTH PENINSULA DRIVE STREET ADDIRESS 4.3 STREET ADDRESS PONCE INLET FL 32127 CHY-ST 20 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 City-St-ZIP Ó14-S1-7P Change DELETE Addition THEF 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP whis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the emontal arguel report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 14. Loo hereby certify mation supplied with information indicat a de this nual report or sup Lamian officer o poration or receiver a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 ari attachment with an address. SIGNATURE: Daytime Phone #

FILED Mar 10 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

05/01/1996



3. Date Incorporated or Qualified

09/05/1995

4. FEI Number