

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000074136 (9)

1. Corporation Name
DAYTONA AMW, INC.



Principal Place of Business
**118 E. FAIRVIEW AVE.
DAYTONA BEACH FL 32114**

Mailing Address
**1030 W. INT'L PPDWY. BLVD
SUITE 210
DAYTONA BEACH FL 32114
US**

3. Date Incorporated or Qualified
09/26/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 **273 Shady Oaks Circle**
Suite, Apt #, etc

22 City & State
Lake Mary, Florida

23 Zip
32746

24 Country
Seminole

25 Mailing Address
26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

30

4. FEI Number
59-3340686

Applied For
 Not Applicable

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

**SCHecter, RANDAL L ESQ
1030 W. INTERNATIONAL SPEEDWAY BLVD.
SUITE 210
DAYTONA BEACH FL 32114-3415**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD R. BENCE	1.2 NAME	
STREET ADDRESS	118 E. FAIRVIEW AVENUE	1.3 STREET ADDRESS	273 Shady Oaks Circle
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT N. KOOLAGE, III	2.2 NAME	
STREET ADDRESS	118 E. FAIRVIEW AVENUE	2.3 STREET ADDRESS	273 Shady Oaks Circle
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES J. KENNEDY, JR	3.2 NAME	
STREET ADDRESS	118 E. FAIRVIEW AVENUE	3.3 STREET ADDRESS	273 Shady Oaks Circle
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date: **4/15/97** 407-931-7611

CR2E034 (9/96)