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

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

City & State

CORAL GABLES FL 33134

23

P95000079110 (9) **DOCUMENT #** 1. Corporation Name

DAYTRADERS AIRCRAFT, INC.

Mailing Address Principal Place of Business 2098 SIMEON DRIVE 2098 SIMEON DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 26 21 **\$8.75** Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State

30

Zip Zip 29 25 24 9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE

	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
untry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No				
Τ_	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City 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	sgnature, typed or printed name of registered agent and title	I applicable (NOT	E: Registered Agont signature requ	jurad when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	CLIPPARD, DEBRA G		1.2 NAME	
STREET ADDRESS	2098 SIMEON DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	
TITLE	VSD	DELETE	2. 1 TITLE	☐ Change ☐ Addition
NAME	CLIPPARD, ROBERT R		2.2 NAME	
STREET ADDRESS	2098 SIMEON DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		2 4 CHY-ST-7IP	
TITLE		☐ DELETE	3. 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CHTY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TIILE	☐ Change ☐ Addition
NAME (			6.2 NAME	)
STREET ADDRESS			6.3 STREET ADDRESS	4 Nep by Bank 208.75
CITY-ST-ZIP			64 CHTY - ST - ZIP	# 104 1/1 200.=

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 12 or Block 12 or na attachment with an address. appears in Block 12 or Block

SIGNATURE:

787 0108

CR2E034 (12/95)

Applied For

Not Applicable