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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008176 (5)

1. Corporation Name
DAYO, INC.



Principal Place of Business

5104 N ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32810

Mailing Address

5104 N ORANGE BLOSSOM TRAIL
SUITE 200
ORLANDO, FL 32810-1016

4555 HERITAGE OAK DR
ORLANDO, FL 32808
PO BOX 585366
ORLANDO, FL
32858-5366

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/18/1996

3a. Date of Last Report

4. FEI Number

59-3418367

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

WILLIS, DAVID C
225 E ROBINSON ST
SUITE 600
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, TOM
STREET ADDRESS 5104 N ORANGE BLOSSOM TRAIL SUITE 200
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME TURNER, PAUL
STREET ADDRESS 5104 N ORANGE BLOSSOM TRAIL SUITE 200
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME TURNER, LORRAINE
STREET ADDRESS 5104 N ORANGE BLOSSOM TRAIL SUITE 200
CITY-ST-ZIP ORLANDO FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JOHNSON, THOMAS
1.3 STREET ADDRESS 4555 HERITAGE OAK DR
1.4 CITY-ST-ZIP ORLANDO FL 32808

2.1 TITLE D
2.2 NAME TURNER, PAUL
2.3 STREET ADDRESS 4555 HERITAGE OAK DR
2.4 CITY-ST-ZIP ORLANDO, FL 32808

3.1 TITLE D
3.2 NAME TURNER, LORRAINE
3.3 STREET ADDRESS 4555 HERITAGE OAK DR
3.4 CITY-ST-ZIP ORLANDO, FL 32808

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

CR2E034 (9/96)