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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000017553 (4)

DAYTONA SHORES REALTY, INC.

Principal Plane of Business Mailing Address

3511 SOUTH PENINSULA DRIVE 3511 SOUTH PENINSULA DRIVE

## FILED Mar 27 1997 8:00am Secretary of State



3511 SOUTH PENINSULA DRIVE DAYTONA BEACH FL 32127		DAYTONA BEACH FL 32127-4623										
							3. Date Incorporated or Qualified 02/23/1996	3a. Da	te of L	ast Re	port	
2. Principal P	Yace of Business	2s. Mailing /	2a. Mailing Address				4. FEI Number		2	<b>∢</b> App	olied For	
i]		26	26							Not	Applicable	
Suite Apt # etc. 		Suite, Ap	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
		ļ <sub>1</sub>				;	6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
71	Country 25	Ζφ <b>29</b>		Count 30	try			Yes [	No	der s	199.032,	
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Ag	ent		-		10. Name and Address of New Re	gistered	Agent			
SOL	OMON, STANLEY J			8	11	Name						
351		82 Street Ad			ress (P.O. Box Number is Not Acceptat	ole)						
ואס	TONA BEACH FL 32127			8	13	, , ,						
				8	4	City		FL	85	Zip C	ode	
office or r	to the provisions of Sections 607.9 registered agent, or both, in the Starn familiar with, and accept the obline familiar with.	ate of Florida, Such	change was	authorized I	by	the corporat	poration submits this statement for the p tion's board of directors. I hereby acce	pt the app	ointme	ant as o	egistered	
S'GNAUUPII	Tage in recity of the printed name of regis creat		(NC		Ager	iupor enutangia li	red when reinstating)	DATE				
2.	T	AND DIRECTORS	7 55.575	13,		· · ·	ADDITIONS/CHANGES TO OFFIC	CERS AND				
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IAM)	SOLOMON, STANLEY J			1.2 NAM								
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sana Street added to				5.4 CITY	Y - ST				<del></del>			
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NAME STREET ADDRESS CHY SE ZIF SITCE			DELETE	5.4 CITY	Y-S1 .€					nange	☐ Additio	
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1. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this administration of the suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the tank an officer or direction of the corporation or me facciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an affect ment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PHINTED RAME OF SIGNING OFFICER OR DIRECTOR

3/24/47

(804)761-5733