

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 22 PM 1: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000018747 (1)

1. Corporation Name  
SUCCESS, INC. OF VOLUSIA COUNTY

Principal Place of Business  
1945 POINSETTIA DRIVE  
DAYTONA BEACH 32 12437-35

Mailing Address  
1945 POINSETTIA DRIVE  
DAYTONA BEACH 32 12437-35



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |                                |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>02/27/1996  | 3a. Date of Last Report        |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>59-3372154  | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

FAULDS, DALE T JR  
1945 POINSETTIA DRIVE  
DAYTONA BEACH 32 12437-35

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  
FL

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 |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | PD                        | 1.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | FAULDS, DALE T JR         | 1.2 NAME  | 200002277102-4  |
| STREET ADDRESS             | 1945 POINSETTIA DRIVE     | 1.3 STREET ADDRESS                                    | -08/26/97--01018-025  |
| CITY-ST-ZIP                | DAYTONA BEACH 32 12437-35 | 1.4 CITY-ST-ZIP                                       | ****173.75 ****173.75   |
| TITLE                      | STD                       | 2.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | FAULDS, ELIZABETH         | 2.2 NAME  |   |
| STREET ADDRESS             | 1945 POINSETTIA DRIVE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DAYTONA BEACH 32 12437-35 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 3.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 4.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 5.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 6.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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

8 18 97

CR2E034 (4/97)

(2)

To Whom it may concern

I was unaware of having to file this report.

To the best of my knowledge I did not receive any other notice except for this one.

I called and explained this to a person in the office, (Doug) he said to send in \$165.00 and it would probably be alright.

If this cannot be done please just return my check.

Thank you

Date 7/7/82  
904 255 8848  
904 253 3339