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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000028844

EDEN PROMOTIONS OF DAYTONA BEACH, INC.

" DOUGLAS STREET 178 DOUGLAS STREET ENAMER FL 32141 EDGEWATER FL 32141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3402322 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes the current year Intangible FIND 25 29 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ABRAMS, RICHARD A 82 Street Address (P.O. Box Number is Not Acceptable) 178 DOUGLAS STREET **EDGEWATER FL 32141** 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable n reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition DELETE ☐ Change 1.1 TITLE ABRAMS, RICHARD A. 12 NAME 178 DOUGLAS ST. \_1 ADDRESS 1.3 STREET ADDRESS EDGEWATER FL 1.4 CITY-ST-ZIP ST-ZIP DELETE Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS : ADDRESS 3.4. CITY-ST-ZIP : ZIP DELETE Change ☐ Addition 4.1 TITLE 4 2 NAME LACCRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.5 CITY-ST-ZIP

6.5 CITY-ST-ZIP

6.6 CITY-ST-ZIP

6.7 Copyright 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 or difference on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

61 TITLE

-: ATURE:

SIGNIFIURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-26-99

904-345-3220 Daytime Phone #

☐ Addition

Change

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90295 007 \*\*\*\*10.00

05-06-1999 90295 008 \*\*\*140.00

! (CAX:CG: XA 40XC CXXX CAXX CGXX ABXX CAXX XABX XABX IBXA IBXX ALAX BXX AB