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

Mailing Address

1330 STATELY OAKS DR., N.W.

WINTER MAVEN FL 33981-1326

PO. Box 7490

WINTERHAVEN, FC 33883

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1330 STATELY OAKS DR., N.W.

WINTER HAVEN FL 33881



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030687 (3)

MAYFLOWER/DAILY ENTERPRISES, INC.

04/08/1996 2a. Mailing Address 2. Principal Place of Business Applied For -338812 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip « Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DAILY, GARY P 1330 STATELY OAKS DR., N.W. Street Address (P.O. Box Number is Not Acceptable) 82 WINTER HAVEN FL 33881 83 City Zip Code FI 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 figh, and accept the obligations of Section 607.0505, Florida Statutes. Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - 7/P CITY-ST-ZIP Change Addition TITLE 2.1 THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY - S1 - Z(I² Change Addition TITLE 31 THE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE 4.1 711t.E

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

4.3 STREET ADDRESS

5.3 STREET ADORESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.2 NAME

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS**

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition

Addition

FILED

May 19 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified