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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036754

1. Corporation Name

NOMAD OF DAYTONA BEACH, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90070 010 ***150.00



Principal Place of Business Mailing Address					
3101 SOUTH ATLANTIC AVENUE 3101 SOUTH ATLANTIC AVENU					
DAYTONA BEACH SHORES FL 32118		DAYTONA BEACH SHOR	ES FL 32118		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/29/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26	26		59-3375270 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		├ ──	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes
24	25 25 Com	29	30		10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Haite and Addiess of Non Registeros (1997)
COO	K, RICHARD R				
2253 RIVER RIDGE ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptable)
DELA	AND FL			83	
				84 City	85 Zip Code
					poration submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered		OTE: Registered	Agent signature require	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TI	TLE	. Change Addition
NAME	GEENTY, ROBERT H		1.2 NA	WE	
STREET ADDRESS	3101 S ATLANTIC AVE		1.3 ST	REET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES	FL		TY-ST-ZIP	☐ Change ☐ Addition
TITLE	ST	☐ DELETE	2.1 TI		☐ Change ☐ Addition
NAME	GEENTY, KAREN T		2.2 NA		
STREET ADDRESS	3101 S ATLANTICX AVE	_		REET ADDRESS	•
CITY-ST-ZIP	DAYTONA BEACH SHORES	FL DELETE		ITY-ST-ZIP	☐ Change ☐ Addition
TITLE					
NAME			32 N/	TREET ADDRESS	
STREET ADORESS			1		
CITY-ST-ZIP		☐ DELETE		rr-st-zip	☐ Change ☐ Addition
NAME			4, 2 N		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP			I.	TY-ST-ZIP	
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			5.2 N	AME	
STREET ADDRESS			5.3 ST	TREET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			6.2 N		
STREET ADDRESS			6.3 ST	TREET ADDRESS	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

K.T. CEENTY !! URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR