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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064429 (9)

DAYTONA TOPS, INC.

Principal	Place of	Business
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Mailing Address

FILED
May 04 1998 8:00am
Secretary of State



3000 OPPORT UNITE C SOUTH DAYTO	UNITY COURT ONA FL 32119	3000 OPPORTUNITY C UNITE C SOUTH DAYTONA FL :			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/01/1996	S SPACE
2. Principal Pl	lace of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21		26		····	59-3392067	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count 30	ry	This corporation owes or has paid the c Personal Property Tax due June 30.	urrevit year Intangible Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	d Agent
	MBERT, WILLIAM N ESQ.		В	Name		
433 SILVER BEACH AVE Suite 104			8:		fress (P.O. Box Number is Not Acceptable)	
DAY	YTONA BEACH FL 32118		8:	3		
			8	4 City	F	85 Zip Code
SIGNATURE	m familiar with, and accept the obligat	and the Lappocable (N	OH: Registered A		urod when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	TUCKER, RICHARD M		1.1 TITLE			Change Addition
STREET ADDRESS	1337 MARDRAKE ROAD		1.2 NAME	T ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-	l		
TITLE	P	☐ DELETE	2.1 TITLE			Change Addition
NAME	DEAS, WILLIAM A		2.2 NAME			
STREET ADDRESS	2150 S. PALMETTO DR., #4		2.3 STREI	T ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL	- I overe	2.4 CITY	- S1 - ZIP		
TITLE	· ·	DELETE	3.1 TITLE	ļ		Change Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	:		
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP		T one	4.4 CITY-	ST - ZIP		
TITLE		LJ DELETE	5.1 TITLE			Change Addition
NAME DEPOSE ADDRESS			5.2 NAME			
STREET ADDRESS			4	T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	51-ZIP		☐ Change ☐ Addition
NAME			6.2 NAME			c.m.g rideredii
STREET ADDRESS				T ADDRESS		
CITY CT 710				67 310		

14. Thereby 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 augural 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 occipied or trustee of however 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 an output actument with any address.