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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1997 8:00am Secretary of State

DOCUMENT # P9600065934 (7) DAYAL CORP. Principal Place of Business Mailing Address 1500 AIRPORT ROAD JACKSONVILLE FL 32218 1500 AIRPORT ROAD JACKSONVILLE FL 32218								
in '	Place of Business	2a. Mailing Addre	PSS		3. Date Incorporated or Qualifie 08/07/1996 4. FEI Number 9 - 3396828		———·	eport pplied For t Applicable
Sude, Apt	I. #, etc.	26 Suite, Apt. #,	etc.		5. Certificate of Status Desired		\$8.75	Additional
<mark>≥</mark> City & Sta	ate:	27 City & State	·		6. Election Campaign Financing		Fee Re \$5.00	
3		28			Trust Fund Contribution		Added	to Fees
Zip 4	Country 25	Zip 29	30 Coun	try	8. This corporation has liability f	or intangible		199.032,
	9. Name and Address of Cur	***			10. Name and Address of New	Registered /	\gent	
	AYAL, SOM		*	B1 Name				
	500 AIRPORT ROAD ACKSONVILLE FL 32218	•	1	Street Add	ress (P.O. Box Number is Not Accep	table)		
U,	MONOOTHIDEL I'E OEETO		[8	33			******	
			-	34 City		FL	85 Zip (Code
		oligations of, Section 607.0	0505, Florida Statu	by the corpora tes.	poration submits this statement for thation's board of directors. I hereby ac	cept the app	ominent as	. og.o.o.
12.	To your integration of the particular of the par	tagent and title if applicable AND DIRECTORS	(NOTE: Registered :	Agent signature requ	ition's board of directors. I hereby ac ared when renstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	RS IN 12
EKGNATURE 12. ITTE IMIE	To your integration of the particular of the par	tagent and title if applicable AND DIRECTORS	(NOTE: Registered :	Agent signature requ	ured when reinstating)	DATE		
2. PLE JAME JREET ADORESS	OFFICERS Som DAYAL ISOD AIRPAT	Tagent and tale of applicable AND DIRECTORS PRESIDENT 0E T ROAD	(NOTE Registered 13. LETE 1.1 THE 1.2 NAM 1.3 STR	Agent signature require. E AE EET ADDRESS	ured when reinstating)	DATE	DIRECTOR	RS IN 12
2. I [*] LF	Som DAYAL ISOD AIRPAT ACKSONVILLE	Tagent and tale of applicable AND DIRECTORS PRESIDENT DE TROAD FL 3218	(NOTE Registered 13. LETE	Agent signature required to the signature re	ured when reinstating)	DATE	DIRECTOR	RS IN 12
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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 or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #