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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092526 (8)

ALADDIN OF DAYTONA CORPORATION

Pendips: Place of Systiness Mailing Address						L LOBATORE TOU LOVIN ROKKE BOKE BOULD DRIVE BOLLE FOREX SHALL EXILED BOX LOBE			
3920 ORIOLE A		3920 ORIOLE AVENUE DAYTONA BEACH FL 32127-6508							
						3. Date Incorporated or Qualified 11/12/1996	3a. Date of	l ast R	eport
2. Ennopa Po	висе с' Вивиена	2a. Mailing Address				4. FEI Number Applied			plied For
21]	H	Suite Apt # ato				59 · 34 / 0 / 33 Not Applicable			
Suite Aut 22	# Estes	Suite. Apt. #, etc.	H, CC.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	-	************		Trust Fund Contribution			o Fees
. Zф. 1 т	Country	Zip				8. This corporation has liability for in	. ~	nder s	199.032,
24	25 9. Name and Address of Curren	29	30			Florida Statutes 10. Name and Address of New Rep	Yes No		
LIMA	•	t tregistered Agent		81	Narne	10. Name and Address of New Ne	listered Agent		
HIMES, MARTIN T 3920 ORIOLE AVENUE					Chanal Anda	obligacy (D.O. Day Niggibor in Alat Appare 1-11)			
DAYTONA BEACH FL 32127				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		85	7.0	 Code
					•	poration submits this statement for the p	┡┖╸┆		
SIGNATURE :	or familiar with, and accept the obliga	ot and fitter applicable (No.)	ffi: Registered		r signature recu	ired when recrebiting)	DATE		
12.	OFFICERS ANI	DIRECTORS DELETE	13.	rı t		ADDITIONS/CHANGES TO OFFIC		.CTOF hange	S IN 12
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5 MTT 400MC	3920 ORIOLE AVENUE			1 3 STREET ADORESS					
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h'V			4. 2 N	AME					
SHEHROLDS			4.3 ST	REET A	ADORESS				
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Nam.		["] ուսե	5.1 1/1 5.2 NA				L_1 (hange	LJ Addition
59811400 - CS					ADDRESS				
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N.W			6.2 N/	ME	1				
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1 14 -5 1 ZIP			6.4 CI	TY-ST	- ZiP				

SIGNATURE:

reformation includes a 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 Lam a colliser or a rector of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

FILED

Mar 25 1997 8:00am

Secretary of State

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