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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

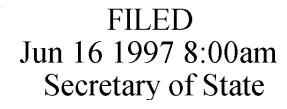
Secretary of State DIVISION OF COMPORATIONS

DOCUMENT # P96000099502 (2)

COWBOY DAZE, INC.

Principal Place of Business

Mailing Address





8530 C.R. 474 CLERMONT FL 34711			8530 C.R. 474 CLERMONT FL 34711-9696								
							3. Date Incorporated or Qualified 12/10/1996	3a. Dat	e of Last	Report	
	Place of Business	2a. Mailing Addre	ss			4. FEI Number		P	Applied For		
Suite, Apt. #, etc.			26			59-341391) Not Applicable					
22			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State			City & State				Election Campaign Financing Trust Fund Contribution				
Zip 24	Country Z ₁ p			30	Country	у	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No				
	9, Name and	Address of Curre	ni Registered Agent				10. Name and Address of New Re				
LAYL	.E, JAMES E JR	.			81	Name					
8530	. Č.R. 474 RMONT FL 3471			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)				
OLEN .√	IMUNI PE 3471	•			83						
a.					84	City		FL	85 Zip	Code	
DITICE OF I	registered agent, am familiar with, a	or both, in the State nd accept the oblig	of Florida. Such chang pations of, Section 607.0	e was author 505, Florida S	ized b Statute	y the corpori	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appoi	changing intment a	its registered s registered	
12.	Signature, typed or prin	OFFICERS AN	ent and title if applicable ID DIRECTORS			ont signalure requ	uired when reinstating)	DATE	0.0550		
TITLE	P	OFFICERS AN	DELI		3. 1 Title		ADDITIONS/CHANGES TO OFFIC		DIRECTO Change	RS IN 12	
NAME	LAYLE, JAMES	F.IR.			2 NAME			Ĺ	Change	Mudilion:	
STREET ADDRESS	8530 C.R. 474					T ADDRESS					
CITY-ST-ZIP	CLERMONT FL				4 CITY-S						
TITLE	V		DELI		1 TITLE	71-11		Т	Change	Addition	
NAME	BRONSON, JO	YCE MARIE		2	2 NAME			_			
STREET ADDRESS	8530 C.R. 474			2.	3 STREET	ADDRESS					
CITY-ST-ZIP	CLERMONT FL	. 34711		2	4 CITY-	\$T - ZiP					
TITLE	ST		☐ DELE	TE 3.	1 TITLE				Change	Addition	
NAME	LAYLE, CHERY			3.	2 NAME						
STREET ADDRESS	8530 C.R. 474			3.	3 STREET	ADDRESS					
CITY-ST-ZIP	CLERMONT FL	. 34711			4 CITY-:	ST-ZIP					
TITLE	ŀ		☐ DELI	i "	1 TITLE				Change	Addition	
NAME					2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELE		4 CITY - S	ST - ZIP			T OL:	111111	
NAME			☐ DECE	I -	1 THELF	-		L	Change	Addition	
STREET ADDRESS					2 NAME	ADDRESS					
CITY-ST-ZIP						ADDRESS					
TITLE			☐ DELE		4 CITY-S 1 TITLE	01 - ZIP			Change	Addition	
NAME			بين مرين		2 NAME		•	L	Onange		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S						

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, or on an attachment with an address.