## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## FILED Sep 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS . DOCUMENT # P97000090727 (3) DAYTONA 2000, INC. Mailing Address Principal Place of Business 533 N NOVA RD. SUITE 115 533 N NOVA RD. SUITE 115 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 43. S. ATLANTIC AUC Not Applicable \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be LONA BCh. Trust Fund Contribution Added to Fees This corporation owes or has paid the current year intangible Personal Property Tex due June 30. Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GILBURT CLARK, LOSEPH P HYARA 533 N NOVA RD, SUITE 115 ORMOND BEACH PL-32174 ATLANTIC 83 Zip Code 84 ila A IONIhe provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and line with and deept the obligations of, section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinslating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition DELETE NAME MYARA, GILBERT 1.2 NAME 43 S ATLANTIC AVE 1.3 STREET ADDRESS STREET ADDRESS **DAYTONA BEACH FL 32118** CITY-ST-ZIF 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE L DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE DELETE \_\_ Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP 5.1 TITLE TITLE . DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE

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 tripplemental annual report as 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 of 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 an attach hap with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

9-16-08

\*\*\*150.00

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