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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007633

DAYTONA BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90215 038 ***150.00



| 2. Pigningal Risece problements 2. A year of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent ag | ear Intan | \$8.75 Fee I \$5.0 Adder gible V Yes | Applied For Not Applicable Additional Required O May Be d to Fees |
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| City & State Country Country Country Country Responsive from campaign Financial Trust Fund Contribution 10. Name and Address of New Regist AMERILA AVENUE CORAL GABLES FL 33134 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purporation of the provisions of Section 607.0505, Florida Statutes SIGNATURE Signature, typed or prented name of regulared agent and stile if applicable TILE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SIRECTADORESS CITY-ST-ZP TITLE OBLETE 1.1 TITLE OBLETE 2.1 TITLE OBLETE 3.3 TIREE DELETE 3.3 TIREE 3.4 CITY-ST-ZP TITLE OBLETE 3.3 TIREE CITY-ST-ZP TITLE OBLETE 3.4 TITLE OBLETE 3.4 TITLE OBLETE 3.4 TITLE OBLETE 3.4 TITLE OBLETE 4.1 TITLE OBLETE 3.4 TITLE OBLETE 4.1 TITLE OBLETE 4.1 TITLE OBLETE 3.4 TITLE AUTHER 3.4 TITLE AUTHER 4.2 TAME 3.5 TREET ADDRESS 3.4 CITY-ST-ZP TITLE OBLETE 4.1 TITLE AUTHER 4.2 TAME 4.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZP TITLE OBLETE 4.1 TITLE AUTHER 4.2 TAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZP TITLE AUTHER 4.3 TREET ADDRESS STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZP TITLE AUTHER 4.3 TITLE 4.4 TITLE 5. Centricity 8. This corporation owes the current year of the current year o | ear Intan | Fee I - \$5.0 Adder gible Yes gent | Required O May Be |
| Trust Fund Contribution 21 | ear Intan | Adder gible Yes gent | d to Fees |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Regist AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpo office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reindating) DA 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE PSTD | tered Ag | Yes gent | □No |
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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 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 in the receiver of 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 changes, of on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR