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

D	OCI	J١	ИE	NT	#	P980000301	73
	_						

THE ERIG OF DAYTONA, INC.

Principal Place of Business	Mailing Address
215 SOUTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118	215 SOUTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118



Principal Place	e of Business		Mailing Address				an ii aa i 150 inin; 1 5 141 a nii	SELL BEIN EPI	IN PRINCE MATER SERVI	14095-1411-1001
215 SOUTH GRANDVIEW AVENUE 215 SOUTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118							DO NOT W	/RITE IN TH	S SPACE	
						04/02	ncorporated or Qualife	ed		
	lace of Business		2a. Mailing Address			4. FEI N		1	<u> </u>	plied For
	INTERNATI	WAL JAWY				<u> </u>	3505361			1 Applicable
Suite, Apt.	· 		Suite, Apt. #, etc.			5, Certifo	ate of Status Desired		\$8.75 / Fee Re	equired
City & Stat		€H	City & State				n Campaign Financir and Contribution	^{ng}	\$5.00 Added	
Zip	_	ır try	Zip	Coun	try	8. This co	rporation owes the c	urrent year	***	*
24 321		15A	29	30			al Property Tax.		☐ Yes	Mo
	9. Name and Ad	Idress of Current	Registered Agent			10. Name	and Address of Nev	w Registere	d Agent	
41.5	DII AWIVED			[1	Name	W.A.	NILSON			
	RILAWYER	_		1	Street Addr	ess (P.O. Box	Number is Not Acce	ptable)		2.4
1	ALMERIA AVENUE					15 50	WITH GR	FAND	11EM_	706
COR	IAL GABLES FL 33	3134		•	33					
				ļ	34 City	TON A	BEACH	, F	L 1.3 a	Code 2
11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508, Florida Sta	atutes, the ab	ove-named corr	oration subm	s this statement for t	he purpose	of changing its	egistered
l office cro	anietored anent or h	noh in the State of	Florida. Such change wa ons of, Section 607.0505,	is authorized l	ov the corporati	on's board of	directors. I hereby ac	cept the app	ointment as re	gistered
1	IN D	+ . 1 at 1 L.	502	11	Jalel	lan		4.2	3-99	ĺ
SIGNATURE	Signature, typed or printed	na ne of registered agent a	and title if applicable. (N	IOT :: Registered A	gent signature require	d when reinstating		DATE		
12.		OFFICERS AND	DIRECTORS	13.		ADDITI	ONS/CHANGES TO	OFFICERS		
TITLE	PSTD		☐ DELETE	1,1 TITL	E				Change	☐ Addition
NAME	WILSON, WALTE	er a jr		1,2 NAM	E					
STREET ADORE 3S	215 SOUTH GRA	andview avenu	JE	13 STR	EET ADDRESS					}
CITY-ST-ZIP	DAYTONA BEAC	H FL 32118		14 CITY	-ST-ZIP					
TITLE			☐ DELETE	2.1 TITL	E				Change	☐ Addition
NAME				2.2 NAW	E (ļ
STREET ADDRE 3S				2.3 STR	EET ADDRESS]
CITY-ST-ZIP				2. 4 CIT	Y-ST-ZIP		. <u></u>			
TITLE			☐ DELETE	31 TITL	E				Change	☐ Addition
NAME				3.2 NAM	ie					1
STREET ADDRESS				3,3 STR	EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ DELETE	4 1 TITL	E				Change	☐ Addition
NAME				4. 2 NAJ	ΛE.					
STREET ADDRESS				4.3 STR	EET ADDRESS					ļ
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ DELETE	1]				Change	☐ Addition
NAME	[52 NAM						
STREET ADDRESS				5.3 STR	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ DELETE	6.1 TITL	E				☐ Change	☐ Addition \
NAME	1			6.2 NAM	ır İ					i
INVIL				0.2 10 0						
STREET ADDRESS					EET ADDRESS					

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 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, with all other like empowered.

SIGNATURE:

W. A. WILSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF