PŔOFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047829 1. Corporation Name

DAYTONA WEB MASTERS, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90146 020 ***150.00



Principal Place	e of Business	Mailing Address			- *	1 818 11 18881 1811		
		444 SEABREEZE BLVD., STE, 715 DAYTONA BEACH FL 32118		DO NOT WRITE IN THI	S SPACE			
					3. Date Incorporated or Qualifed			
					05/26/1998			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	A	pplied For	
	ieville rand	26 66 BEVILLE	RD		59-3515644	N ₁	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			_	\$8.75	Additional	
	. 115	27 STE. 115			5. Certifcate of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23 SOUTH	DAYTOWA FL	28 SOUTH DAYTON	A , FC		Trust Fund Contribution	Added	to Fees	
Zip	Country (ASA	Zip	Country		8. This corporation owes the current year le	ntangible		
24 32119	25 POU 510	29 3211 30	USA		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	1 Agent		
			81 Nar	ne Ra	14 Dansy			
DUHON, MILTON R				et Addre	et Address (P.O. Box Number is Not Acceptable)			
444 SEABREEZE BLVD., STE. 715			6	ol Bo	EVILLE ROAD SUITE 115			
DAY	TONA BEACH FL 32118		83		,			
			84 City			85 Zip	Code	
			04 04,	SOUTH	H DAYTONA F	L 32	2119	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the applicant with and accept the obligations.	of Florida. Such change was auth	onzed by the co	ed corpo orporation	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	3 registered 3 registered •	
SIGNATURE		Trepas			1/2D(1			
	Signature, wood or printed name of registered agent OFFICERS ANI		gistered Agent signati	ne required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12	
12.	OFFICERS AND	D DELETE	1.1 TITLE	Pa	SER DEMC	Change	Addition	
NAME			1.2 NAME	Ωt	מא טיואאין			
	•		1.3 STREET ADDRE	:55 (60	OF BEHILLE RAAD SUITE 115			
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STREET ADDRESS			5.4 CITY-ST-ZIP					
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			6.2 NAME			_ •	_	
NAME)		6.3 STREET ADDRE	SS	,		J	
STREET ADDRESS			0.3 STREET ADDRES					

64 CITY-ST-ZIP

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: