

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

FILED  
May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S19141** (8)

1. Corporation Name  
**CORBEY ENTERPRISES, INC.**



Principal Place of Business <b>2523 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118</b> <b>3635 DAME ST PORT ORANGE FL 32119</b>	Mailing Address <b>2523 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118-5502</b> <b>3635 DAME ST PORT ORANGE FL 32119</b>
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2. Principal Place of Business <b>21 3635 DAME ST</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 3635 DAME ST</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/14/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
22 City & State <b>23 PORT ORANGE FL</b> Zip <b>32119</b> Country <b>USA</b>	27 City & State <b>28 PORT ORANGE FL</b> Zip <b>32119</b> Country <b>USA</b>	4. FEI Number <b>59-3045812</b>	Applied For Not Applicable
29	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORBEY, ROBERT 2523 S. ATLANTIC AVE. DAYTONA BEACH FL 32118</b> <b>3635 DAME ST PORT ORANGE FL 32119</b>		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)