

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # S27275 (4)

1. Corporation Name
NEW DAY SYSTEMS, INC.

Principal Place of Business
366 CEDARBROOK LN
ALTAMONTE SPRINGS FL 32714

Mailing Address
366 CEDARBROOK LN
ALTAMONTE SPRINGS FL 32714-3819



2. Principal Place of Business
21 965 High Point Loop
Suite, Apt. #, etc.
22 City & State
23 Longwood, FL
Zip 32750 Country USA
24 32750 25 USA
2a. Mailing Address
26 965 High Point Loop
Suite, Apt. #, etc.
27 City & State
28 Longwood, FL
Zip 32750 Country USA
29 32750 30 USA

3. Date Incorporated or Qualified 01/25/1991
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3044002
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCOY, VIRGINIA
366 CEDARBROOK LN
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name McCoy, Virginia
82 Street Address (P.O. Box Number is Not Acceptable)
83 965 High Point Loop
84 City Longwood, FL FL 85 Zip Code 32750

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 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MCCOY, VIRGINIA
STREET ADDRESS 366 CEDARBROOK LN
CITY-ST-ZIP ALTAMONTE SPRINGS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 965 High Point Loop
1.4 CITY-ST-ZIP Longwood, FL 32750
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Virginia W McCoy 4/28/97 (407) 602-3256

CR2E034 (9/96)