

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S45583** (9)
1. Corporation Name
DAYTONA PROMENADE CORP.

Principal Place of Business
**260 LONG RIDGE ROAD
STAMFORD CT 06827**

Mailing Address
**DEPT 8109
260 LONG RIDGE RD.
STAMFORD CT 06827-9621
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/16/1991	Applied For
4. FEI Number 59-3067942	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Chief TRAFFIC TAXES
NAME	ALFRED J. SHIAVETTI	1.2 NAME	GARY J. SCHULMAN
STREET ADDRESS	499 THORNALL ST.	1.3 STREET ADDRESS	199 Long Ridge Road
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	Stamford CT 06922
TITLE	DVP	2.1 TITLE	
NAME	ANDREW P. SIWULEC	2.2 NAME	
STREET ADDRESS	499 THORNALL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	DENNIS B. SASSAMAN	3.2 NAME	
STREET ADDRESS	499 THORNALL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	DONALD W. EBBERT	4.2 NAME	
STREET ADDRESS	499 THORNALL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	JOHN W. SPERGER	5.2 NAME	
STREET ADDRESS	499 THORNALL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	BRADLEY A. SCHERER	6.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD., 110E	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	6.4 CITY-ST-ZIP	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

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.

CR2E034 (10/97)