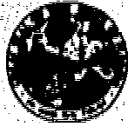


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 14 PM 1:46

DOCUMENT # S70147 (1)

1. Corporation Name
DAYTONA VACATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1303 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118** **1303 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/01/1991 **04/06/1994**

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

4. FEI Number	Applied For
59-0074962	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
6. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MONTGOMERY, WANDA M.
95 HIDDEN HILLS DRIVE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

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

**545 CROOKED STICK DR.
DAYTONA BEACH FL 32114**

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: Wanda M. Montgomery WANDA M. MONTGOMERY DATE: 4-5-95

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	MONTGOMERY, WANDA M.
STREET ADDRESS	95 HIDDEN HILLS DRIVE
CITY - ST - ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MONTGOMERY, WANDA M.	
13 STREET ADDRESS	545 CROOKED STICK DR.	
14 CITY - ST - ZIP	DAYTONA BEACH, FL 32114	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Wanda M. Montgomery DATE: 4-5-95 TELEPHONE: 904-258-6732
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR