SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR - 9 AM 10: 03

1. Corporatio	MENT # V44292 OF DAYTONA, INC.	2 (3)	TALLAHASSEE.	TALLAHASSEE, FLORIDA	
Principal Place of Business 2996 MCFARLANE ROAD COCOMUT GROVE FL 33133 US		Mailing Address 2996 MCFARLANE ROAD COCONUT GROVE FL 33133 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report	
Principal Place of Business 1		2a. Mailing Address 26		06/17/1992 4. FEI Number 65-0343011	09/16/1996 Applied For Not Applicable
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be	
Zip 24	Country 25 9. Name and Address of Curren	28 Zip 29	Country 30	Trust Fund Contribution 8. This corporation owes or has pa Personal Property Tax due June 10. Name and Address of Naw Re	Added to Fees id the current year Intangible 30. Yes No
TERREMACK CORPORATE AGENTS INC 2601 \$. BAYSHORE DRIVE 19TH FLOOR MIAM! FL 33133 82 Street Address (P.O. Bow Number is Not Acceptable) 83 Street Address (P.O. Bow Number is Not Acceptable) 84 City FL 85 Sto 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 apthorized 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, Furtical Statutes. SIGNATURE Signature typod or physical accept agent and title if applicable. (NOTE Registered Agent signature required when reinstating)					
12. TITLE NAME STREET ADDRESS CITY-S(-ZIP	P KUNEY, BARBARA 2996 MCFARLANE ROAD COCONUT GROVE FL		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	REINSTATEME	AT Chase Of Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	3000024 -03/10/9 ****900	Change
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition

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 trustice empowered to effect 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 extandment with an address: