

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

PROFIT
CORPORATION •
ANNUAL REPORT
1996



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

DOCUMENT # **V63445** (3)

1. Corporation Name

GROUP 500 DAYTONA, INC.



Principal Place of Business

**28 W CENTRAL BLVD
ORLANDO FL 32802**

Mailing Address

**28 W CENTRAL BLVD
ORLANDO FL 32802**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802**

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
07/10/1995

4. FEI Number
76-0408391

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 type (Type in name of registered agent or director) (Type in name of registered agent or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VP
SILVESTRI, PAOLO**
STREET ADDRESS **120 KING STREET W, SUITE 100**
CITY - ST - ZIP **HAMILTON ON**

TITLE ☐ DELETE
NAME **TSD
SILVESTRI, FRANK**
STREET ADDRESS **120 KING ST. W. STE. 1000**
CITY - ST - ZIP **HAMILTON, ONTARIO CA L8P4V-2**

TITLE ☐ DELETE
NAME **VP
WILLIAMS, WARREN E**
STREET ADDRESS **28 W CENTRAL BLVD**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **VP**

4.3 STREET ADDRESS **DAN Silvestri**

4.4 CITY - ST - ZIP **3033 Chimney Rock #400**

Houston, TX 77056

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600001840136

-05/28/96-01019-012

*****1200.00**

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 119.073(8), 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:

Dan Silvestri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN Silvestri

4-24-96

(713) 785-6272

CR2E034 (12/95)