

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

|                                                      |                                                                                   |                                                                                                           |
|------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1996</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # V65488 (1)**

1. Corporation Name  
**DAYTONA RAILINGS, INC.**



|                                                                                 |                                                                        |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>630H OAK PL<br/>PT ORANGE FL 32127<br/>US</b> | Mailing Address<br><b>630H OAK PLACE<br/>PT ORANGE FL 32127<br/>US</b> |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/22/1992</b>                                                                                           | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 4. FEI Number<br><b>59-3141154</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                         |                                                                                              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**KIELLY, LORNE B  
69 LAZY EIGHT DRIVE  
DAYTONA BEACH FL 32148**

**10. Name and Address of New Registered Agent**

|                                                                                         |                                 |
|-----------------------------------------------------------------------------------------|---------------------------------|
| 81. Name<br><b>Kielly Lorne B</b>                                                       | 85. Zip Code<br><b>FL 32127</b> |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>776 Tumble Brook Drive</b> |                                 |
| 83. City<br><b>PORT ORANGE</b>                                                          |                                 |

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 of the person authorized to sign and accept the appointment

Signature of the Registered Agent (signature required when replacing)

Date

| 12. OFFICERS AND DIRECTORS |                                                                              |                                 |
|----------------------------|------------------------------------------------------------------------------|---------------------------------|
| TITLE                      | NAME                                                                         | <input type="checkbox"/> DELETE |
| STREET ADDRESS             | <b>PD<br/>KIELLY, LORNE B<br/>69 LAZY EIGHT DRIVE<br/>DAYTONA BEACH FL</b>   |                                 |
| CITY - ST - ZIP            |                                                                              |                                 |
| TITLE                      | NAME                                                                         | <input type="checkbox"/> DELETE |
| STREET ADDRESS             | <b>STD<br/>KIELLY, LORNE B.<br/>69 LAZY EIGHT DRIVE<br/>DAYTONA BEACH FL</b> |                                 |
| CITY - ST - ZIP            |                                                                              |                                 |
| TITLE                      | NAME                                                                         | <input type="checkbox"/> DELETE |
| STREET ADDRESS             |                                                                              |                                 |
| CITY - ST - ZIP            |                                                                              |                                 |
| TITLE                      | NAME                                                                         | <input type="checkbox"/> DELETE |
| STREET ADDRESS             |                                                                              |                                 |
| CITY - ST - ZIP            |                                                                              |                                 |
| TITLE                      | NAME                                                                         | <input type="checkbox"/> DELETE |
| STREET ADDRESS             |                                                                              |                                 |
| CITY - ST - ZIP            |                                                                              |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |                                                                              |
|-------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | NAME                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>776 Tumble Brook Dr</b>  |                                                                              |
| 1.3 STREET ADDRESS                                    | <b>PORT ORANGE FL 32127</b> |                                                                              |
| 1.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 2.1 TITLE                                             | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME                                              |                             |                                                                              |
| 2.3 STREET ADDRESS                                    |                             |                                                                              |
| 2.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 3.1 TITLE                                             | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                             |                                                                              |
| 3.3 STREET ADDRESS                                    |                             |                                                                              |
| 3.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 4.1 TITLE                                             | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME                                              |                             |                                                                              |
| 4.3 STREET ADDRESS                                    |                             |                                                                              |
| 4.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 5.1 TITLE                                             | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME                                              |                             |                                                                              |
| 5.3 STREET ADDRESS                                    |                             |                                                                              |
| 5.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 6.1 TITLE                                             | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME                                              |                             |                                                                              |
| 6.3 STREET ADDRESS                                    |                             |                                                                              |
| 6.4 CITY - ST - ZIP                                   |                             |                                                                              |

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lorne B Kielly*  
LORNE B KIELLY  
President

8/3/96

756-1030

CR2E034 (3/96)