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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000094079 (6)

## DAVLYN CORPORATION

Principal Place of Business	Mailing Address	
14829 OLDHAM DRIVE ORLANDO FL 32828	14929 OLDHAM DRIVE ORLANDO FL 32826-4116	
l : -		

## FILED May 05 1997 8:00am Secretary of State



<b>4.1.2.1,24</b> 1.5					<b>;</b>	
: . : :					3. Date Incorporated or Qualified 11/13/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Addr	Mailing Address		4. FEI Number 59-3414378	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	
23	•	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Zip Country		This corporation has liability for in	
24	25	29	30		Florida Statutes X Yes No	
	9, Name and Address of Cu				10. Name and Address of New Reg	
CRA	JG, BRIAN D	The state of the s		81 Name		
	MERITMOOR CIRCLE		-	OO Charles Art	drage (B.O. Berry)	
	ANDO FL 32818			82 Street Address (P.O. Box Number is Not Acceptable)		
- UIN	ANDO I E OEO IO			83		
· ·				84 City		FL 85 Zip Code
agent. La	to the provisions of Sections 607 registered agent, or both, in the sum familiar with, and accept the countries.	.0502 and 607.1508, Flori State of Florida. Such char Obligations of, Section 607.	da Statutes, the ab ige was authorized 0505, Florida Statu	ove-named co by the corporates.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registers	ed agent and the if applicable	(NOTE Registered	Agent signature req	urred when re-estating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	∐ Dŧ	LETE 1.1 100	LF		Change Addition
NAME	CRAIG, BRENT D		1.2 NAI	ME		
STREET ADDRESS	14929 OLDHAM DRIVE		1 3 S1F	REFT ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		1.4 Cif	Y-ST-7IP		
TITLE	D	DE CO	LETE 2.1 TIT	LE	•	Change Addition
NAME	, 0,000,000		2.2 NAI	ME		
STREET ADDRESS	EET ADDRESS 14929 OLDHAM DRIVE		2 8 STF	REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		2 4 CII	IY-SI-ZIP		
TITLE			TETE 31 TIT	LÍ		Change Addition
NAME			3.2 NAI	MF		
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY-ST-ZIP				[Y-S1-7 P		
TITLE		DE	LETE 4.1 11TI	LE		☐ Change ☐ Addition
NAME			4. 2 NA	MF		
STREET ADDRESS			4.3 STF	KEET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		□ D€	LETE 5.1 TITL	LE		Change Addition
NAME			5.2 NA	M÷		
STREET ADDRESS			5.3 STF	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y - S1 - ZIP		
TITLE		De				Change Addition
NAME			6.2 NA	ME		-
STREET ADDRESS				KEET ADDRESS		
CITY-ST-ZIP				Y - S1 - ZIP		
	by certify that the information cur	policed with this filing doos		vometice state	ed in Section 110 07(2)(i) Florido Statutos	I fourth as a self of head he

4. 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 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

Mariler Craia

Proposit

4-28-97

407-277-1248