

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000008829**
1. Corporation Name

DAV-N-LI, INC

Principal Place of Business

Mailing Address

**1501 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33005**

**1501 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33007**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Qualification

3a. Date of Last Report

04/15/1994

5/95

4. FEI Number

650481952

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

**Legal Information Service, Inc.
1290 Weston Road Suite 300
Fort Lauderdale, FL 33326**

Name

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

City

FL

Zip 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE

G. J. [Signature]

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D REISER, DAVID
1501 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D REISER, LISA
1501 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or on an attachment with an address.

SIGNATURE:

David E. Reiser, David E. Reiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D KRUT, STEVEN
1501 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

**600001873316
-06/24/96--01041--015
***200.00**

**4/29/96 (95) 454-113
CS 5/1/96**

CR2E034 (12/95)