FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **255768** **(4)**

1. Corporation Name
DAVET REALTY CORPORATION.

Principal Place of Business	Mailing Address
20281 E COUNTRY CLUB DR 209 N MIAMI BCH. FL N. MIAMI FL 33180	20281 E COUNTRY CLUB DR 209 N MIAMI BCH. FL N. MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1962
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 20185 E. COUNTRY CLUB DR	26 20185 E. COUNTRY CLUB DR.
Suite, Apt. #, etc. 22 1409	Suite, Apt. #, etc. 27 1409
City & State 23 AVENTURA FL	City & State 28 AVENTURA FL
Zip / Country 24 33180 / 25	Zip / Country 29 33180 / 30

4. FEI Number: 59-0997056 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, ELEANORE 20281 E COUNTRY CLUB DRIVE, #209 N MIAMI BCH FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20185 E. COUNTRY CLUB DR #1409 83 84 City AVENTURA FL 85 Zip Code 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LEVIN, ELEANORE	12 NAME	
STREET ADDRESS	20281 E COUNTRY CLUB DR	13 STREET ADDRESS	20185 E. COUNTRY CLUB DR
CITY-ST-ZIP	N. MIAMI BCH. FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	GREIFF, MURRAY	22 NAME	
STREET ADDRESS	5812 S TRAVELERS PALM LN	23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	GREIFF, HELEN	32 NAME	
STREET ADDRESS	5812 S TRAVELERS PALM LN	33 STREET ADDRESS	
CITY ST ZIP	TAMARAC, FL 33319	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Eleanore Levin 4/6/95 305-931-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01B7A03 CP