

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **369075** (7)

1. Corporation Name
DAVIS PLAN INCORPORATED

Principal Place of Business 1801 E. ATLANTIC BLVD POMPANO BEACH FL 33060	Mailing Address 1801 E. ATLANTIC BLVD POMPANO BEACH FL 33060-6754
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1970	3a. Date of Last Report 02/19/1996
21		26		4. FEI Number 59-1304463	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAUSER, KENNETH R. 1801 E. ATLANTIC BLVD. POMPANO BEACH FL 33060				10. Name and Address of New Registered Agent	
				81 Name Mark A. Macek	
				82 Street Address (P.O. Box Number is Not Acceptable) 1801 E. Atlantic Blvd.	
				83	
				84 City Pompano Beach	85 Zip Code FL 33060

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 607.0504, Florida Statutes.

SIGNATURE: **Mark A. Macek** *[Signature]* **4/23/97**
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERMAN, LORI A			1.2 NAME			
STREET ADDRESS	2221 CYPRESS ISLAND DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, WILLIAM F			2.2 NAME			
STREET ADDRESS	1418 NE 57TH CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUSER, KENNETH R			3.2 NAME			
STREET ADDRESS	5310 PIERCE ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACEK, MARK			4.2 NAME			
STREET ADDRESS	301 SE 6TH CT			4.3 STREET ADDRESS	2700 SE 6th Street		
CITY-ST-ZIP	POMPANO BCH FL			4.4 CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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: **Lori A. Silverman** *[Signature]* **4/23/97** **954-784-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)