

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90047 012 ***150.00

DOCUMENT # 369075

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1970

4. FEI Number

59-1304463

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 22 NE 22nd Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 22 NE 22nd Avenue
Suite, Apt. #, etc.

City & State

23 POMPANO BEACH FL

City & State

28 POMPANO BEACH FL

Zip Country

24 33062 25 USA

Zip Country

29 33062 30 USA

9. Name and Address of Current Registered Agent

DAVIS, WILLIAM F. III
1801 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name
WILLIAM F. DAVIS, III

82 Street Address (P.O. Box Number is Not Acceptable)
22 NE 22nd Avenue

83

84 City
Pompano Beach FL 85 Zip Code
33062

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME SILVERMAN, LORI A
STREET ADDRESS 2221 CYPRESS ISLAND DR
CITY-ST-ZIP POMPANO BEACH FL

TITLE PD ☐ DELETE

NAME DAVIS, WILLIAM F
STREET ADDRESS 1418 NE 57TH CT
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE VD ☐ DELETE

NAME MACEK, MARK
STREET ADDRESS 2700 SE 6 ST
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

LORI A SILVERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

954-784-9400
Daytime Phone #

CR2E034 (11/98)

0157195