

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

FILED  
Mar 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 632369 (5)  
1. Corporation Name  
LAWRENCE J. DAVIS, P.A., CERTIFIED PUBLIC ACCOUNTANT

Principal Place of Business  
9400 S DADELAND BLVD  
SUITE 110  
MIAMI FL 33156

Mailing Address  
9400 S DADELAND BLVD  
SUITE 110  
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7700 N. KENDALL DR Suite, Apt #, etc. 805 22 City & State MIAMI FL 23 Zip 33156 Country DADE	2a. Mailing Address 27 Suite, Apt #, etc. 28 City & State 29 Zip Country
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3. Date Incorporated or Qualified 07/30/1979	4. FEI Number 59-1927797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
DAVIS, LAWRENCE J.  
9400 S DADELAND BLVD  
SUITE 110  
MIAMI FL 33156

10. Name and Address of New Registered Agent 81 Name LAWRENCE J. DAVIS 82 Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE 83 Suite 805 84 City MIAMI FL 85 Zip Code 33156
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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 607.0503, Florida Statutes.

SIGNATURE *Lawrence J. Davis* DATE 3/1/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	DAVIS, LAWRENCE J
STREET ADDRESS	9400 S DADELAND BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Lawrence J. Davis* DATE: 3/1/98 305-0704808

CP2E034 (10/97)