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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

	1330	PINISION OF (JOHFOHATIONS			
DOCUN 1. Corporation	MENT # 6737	54 (8)				
DAVO	ON CORPORATION					
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Principal Place	of Business	Mailing Address		- I FORUM BENEV LOCAL HALL	HILE MANDE NAMED NEWS (NAMED	I BIDGE BIDGE BEDGE (BER
35940 JOHN'S LAME 19333 MELODY LN.						
EUSTIS FL	32726	Eustis Fl 32726				
US		3273(و	3. Date Incorporated or Qualified	3a. Date of Last	Daned
				06/17/1980	02/28	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	02,20	Applied For
21		26		59-2107025	-	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	58. 7	75 Additional
City & State	<u> </u>	27		J. Germeda of Status Besiled	Fe Fe	e Required
23 Oily & State		City & State		6. Election Campaign Financing	\$5.	00 May Be
Zip	Country	Ζιρ	Country	Trust Fund Contribution	Add	ded to Fees
24	25	- · · · · ·	30	8. This corporation has liability for in Florida Statutes Yes		s 199.032,
	9. Name and Address of Curre		1301	10. Name and Address of New R		
			81 Name	,,,,	ogistered Agent	
	MARILYN A.		82 Street Add	ress (P.O. Box Number is Not Acceptable		
19333 MELODY LN.			52 Street Addi	ress (r.:O. Box Number is Not Acceptabl	e)	
EUSTIS FL 32726			83			
	32236		84 City			
			/			Zip Code
11. Pursuant to or registere	the provisions of Sections 607,0502 d agent, or both, in the State of Flori	? and 607.1508, Florida Statutes	the above named corpor	ation submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing its	registered office
familiar with	, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	by the corporation's poat	or directors. I nereby accept the appo	inthient as register	ed agent. Lam
SIGNATURE _	ignature, typed or printed name of registered agost					
12.		D DIRECTORS	Fingistered Agent signature requires		DATE	
TITLE	D	DELETE	1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT Change	
NAME	WEBB, DAVID E		1.2 NAME		Change	: Noningii
STREET ADDRESS	19333 MELODY LANE		1.3 STREET ADDRESS			ĺ
CHY-ST-ZP	EUSTIS, FL 00000		14 CHTV - S1 - ZIP			
TITLE	PST	☐ DELFT{	2 1 TITLE		Change	Addition
NAMÉ	WEBB, MARILYN A		2 2 NAME			
STREET ADDRESS	19333 MELODY LANE		2.3 STREET ADDRESS			
CITY - ST - ZIP	EUSTIS, FL 00000		2.4 CITY+ ST - ZIP			
THILE	D	DELETE	3 1 TITLE		☐ Change	Addition
NAME .	WEBB, MARILYN A		3.2 NAME			
STREET ADDRESS	19333 MELODY LANE		3.3 STREET ADDRESS			
TITLE	EUSTIS, FL 00000	Floters	3.4 CITY - \$1. ZIP			
NAME		☐ DECETE	4 1 TITLE		Change	Addition
STREET ADDRESS			4.2 NAME			Ì
CHY-ST-ZIP			4.3 STREET ADDRESS			ļ
TITLE		DELFTE	4.4 CHY - ST - ZIP		F- 2:	
NAME		€ orrest	5 THILE		☐ Change	☐ Addition
STREET ADDRESS			5.2 NAME			
CITY - S1 - ZIP			5.3 STREET ADDRESS			
THLE		DELETE	€ 1 TILE		Chanca	C) Addition
NAME		<u></u>	6 2 NAME		☐ Change	Add-tion
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CHY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k). 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: SIGNATURE AND THE DEPRINTED NAME OF SIGNING OFFICER OF DIRECTOR WEBS 2/23/96