

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

FILED

May 27 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 # F84940
1. Corporation Name

MAX DAVIS ASSOCIATES, INC.

Principal Place of Business 1501 Northpoint Parkway Suite 104 West Palm Beach, FL 33407	Mailing Address 1501 North Point Parkway Suite 104 West Palm Beach, FL 33407
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 7/1/82	3a. Date of Last Report 6/20/96
4. FEI Number 59-2207359	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

John Max Davis
11046 Oakway Circle
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

81 Name
Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
777 South Flagler Drive, Suite 500E
83
84 City
West Palm Beach
FL
85 Zip Code
33401

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 607.0502, Florida Statutes.

SIGNATURE *Michael V. Mitrione* **Michael V. Mitrione, Vice President** **5/13/97**
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE PD NAME Davis, John Max STREET ADDRESS 11046 Oak Way Circle CITY-ST-ZIP Palm Beach Gardens, FL	☐ DELETE
TITLE SD NAME Davis, Betty D. STREET ADDRESS 11046 Oak Way Circle CITY-ST-ZIP Palm Beach Gardens, FL	☐ DELETE
TITLE V NAME Pitts, Christine B. STREET ADDRESS 11142 Oak Way Circle CITY-ST-ZIP Palm Beach Gardens, FL	☐ DELETE
TITLE TD NAME Davis, Mark STREET ADDRESS 15604 84th Avenue, North CITY-ST-ZIP Palm Beach Gardens, FL	☐ DELETE
TITLE VD NAME Davis, Matthew STREET ADDRESS 2430 South Wallen Drive CITY-ST-ZIP Palm Beach Gardens, FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption in Section 199.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct. My signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to submit this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *John Max Davis* **John Max Davis, President** **5/1/97**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

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