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

DOCUMENT # F90990 1. Corporation Name

DAVIDS	ON INDUSTRIES, INC.							
Principal Plac	e of Business	Mailing Address				Affil Bibli Aton B	 	
350 SOUTH OCEAN BLVD BOCA RATON FL 33432 350 SOUTH OCEAN BLVD BOCA RATON FL 33432					DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed	O OI NOL		
					07/16/1982	Ann	olied For	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-2209930		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A			
22		27			5. Certifcate of Status Desired	Fee Red	í	
City & State		City & State		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to		
Zip 24	Country 25	Zip 29 30	Country	/	This corporation owes the current year in Personal Property Tax.		□No	
24	9. Name and Address of Currer		<u>, </u>	·	10. Name and Address of New Registered	Agent		İ
			81	Name			ĺ	
	IDSON, WALTER		82	Street Add	ress (P.O. Box Number is Not Acceptable)			ı
-	SOUTH OCEAN BLVD.							
ROC	CA RATON FL		83					
			84	City	FI	85 Zip C	ode	
office or i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate dividence of the purpose of the purp	pintment as rec	istered	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	αo
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	7
NAME	DAVIDSON, WALTER		1.2 NAME					5
STREET ADDRESS	350 S.OCEAN BLVD.		1.3 STREE	T ADDRESS			i	ָּ עַ
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-5	ST-ZIP				ģ
TITLE		☐ DELETE	2.1 TITLE			☐ Change	. Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP		□ pristr	2.4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE					
NAME			3.2 NAME	T 4 D D D C C C				
STREET ADDRESS			Į.	TADDRESS				
CITY-ST-ZIP	`	☐ DELETE	3.4, CITY- 4.1 TITLE	51-211		☐ Change	Addition	-
TITLE NAME			4. 2 NAME	ļ				
STREET ADDRESS				TADORESS				l
CITY-ST-ZIP			4.4 CITY-5					l
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	ĺ
NAME	ļ		5.2 NAME					l
STREET ADDRESS			5.3 STREE	TADDRESS				i
CITY-ST-ZIP	1		5.4 CITY-S	ST-ZIP				
TITLE	 	□ DELETE	6.1 TITLE			Change	☐ Addition	i

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90107 043 ***150.00