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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000368 (1)

DARVA CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



8745 PHILLIPS IND. BLVD. JACKBONVILLE FL \$2256		6745 PHILLIPS IND. BLVD. JACKSONVILLÉ FL 32256-3010							
						3. Date Incorporated or Qualified 01/14/1993	3a. Date of Last 03/12/1996	•	
	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	,	Applied For	
21		26				<u> </u>		Vot Applicable	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & Sta 28	City & State			Election Campaign Financing Trust Fund Contribution			
Zip 24	Country Zip 25 29 30				Country 8. This corporation has liability for intangible tax under s. 1 Florida Statutes Yes ☑ No		s. 199.032,		
	9. Name and Address of Co	urrent Registered Age	nt 	81	Name	10. Name and Address of New Reg	lstered Agent		
	RVADI, GERALD S				Name				
6745 PHILLIPS IND. BLVD. JACKSONVILLE FL 32256				82		dress (P.O. Box Number is Not Acceptab	e)		
				83	1				
				84	City		FL 85 Zig	Code	
office or r	to the provisions of Sections 607 egistered agent, or both, in the t m familiar with, and accept the c	State of Florida. Such cl	hange was ar	uthorized b	v the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing the appointment a	its registered is registered	
SIGNATURE	irraniar wan, and accept the t	unigations of Section of							
SIGNATURE	Signature, typed or printed name of register	ed agent and title it applicable	(NOT:	Registered Ag	jink signature requ	uired when reinstang)	DATE		
12.		S AND DIRECTORS	Carles E	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PC SADVADI OFDALD S	L	J DELETE	1.111168			L Change	Addition	
NAME	SARVADI, GERALD S 6745 PHILLIPS IND. BLVD	1		1.2 NAME					
STREET ADDRESS	JACKSONVILLE FL 32256				T ADDRESS				
CITY-ST-ZIP TITLE	UNOTOOTHIELE I E OPEOU		DELETE	1.4 CITY- 2.1 TITEE	51-211		Change	Addition	
NAME		-		2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP				
TITLE			DELETE	3.1 TITLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	LADDRESS				
CITY-ST-ZIP			DELETE	3.4. CITY-	\$1-719		П оъ	- Addition	
TITLE			DELETE	4.1 TITLE			L Change	Addition	
NAME STREET ADDRESS				4. 2 NAME					
CITY-ST-ZIP				4.4 CITY-	L ADDRESS				
TITLE			DELETE	5.1 TITLE	91 · XII		Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP				5.4 CITY -	ļ.				
TITLE			DELETE	61 IIILF			☐ Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STHEE	1 AODRESS				
CITY-ST-ZIP				64 CHY-	S1 - 71P				

I do hereby certify that the information supplied with this filling 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 frue 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