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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000003728 (9) DOCUMENT #

DAVDEZ ARTS, INC.

**FILED** Feb 10 1998 8:00am Secretary of State



| Principal Place of Business   Merry Address  |   |  |                                    |           |               | <u> </u>                                |                                |   |  |  |
|--|---|--|------------------------------------|-----------|---------------|---|--------------------------------|---|--|--|
| ## DO NOT WRITE IN THIS SPACE  2. Principal Place of Business   2s. Mailing Address   3. Date Proprieted or Qualified   07/17/1987   2. Principal Place of Business   2s. Mailing Address   4. FEI Number   Applied For   2s. Sust. April 4, etc.   5. Sust. April 4, etc.   5. Certificate of Status Desired   Fee Required   2s. Sust. April 4, etc.   5. Certificate of Status Desired   Fee Required   2s. Sust. April 4, etc.   5. Certificate of Status Desired   Fee Required   2s. Sust. April 4, etc.   5. Certificate of Status Desired   Fee Required   2s. Sust. April 4, etc.   5. Certificate of Status Desired   See Required   2s. Sust. April 4, etc.   6. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 5, etc.   7. Country   7. Country   7. Country   7. Certificate of Status Desired   Address of Current   2s. Sust. April 4, etc.   6. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 5, etc.   7. Certificate of Status Desired   Address of Current   2s. Sust. April 6, etc.   8. Sust. April 7, etc.   8. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 6, etc.   8. Sust. April 7, etc.   8. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   2s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   3s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   3s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   3s. Sust. April 7, etc.   8. Sust. April 8, etc.   8. Election Campaign Financing   S5.00 May 8e   3s. Sust. April 7, etc.   9. Sust. April 8, etc.   9. Su | Principal Place   | e of Business  | Mailing Address                    |           |               |   | ****************************** | *************************************** |  |  |
| 2. Principal Place of Bueness   2a. Mailing Address   3. Dete Incorporated or Qualified   07/17/1997   2a. Mailing Address   3a. Mailing Address   3a. Planting Place of Bueness   2a. Mailing Address   3a. Planting Place of Bueness   2a. Mailing Address   3a. Planting Place of Bueness   3a. Place of |   |  |                                    |           |               | ·                                       |                                |   |  |  |
| 2. Principal Flace of Business   2a, Mailing Addross   3. Date Incorporated or Qualified   37/17/1897   32   32   32   32   32   32   32   3   | VIRGINIA BEACH FL 23456 VIRGINIA BEACH  |  |                                    | 3456      |               | DO NOT WRITE IN THIS SPACE              |                                |   |  |  |
| Principal Place of Business   2a, Maining Address   4. FEI Number   1.   |   |  |                                    |           |               |   |                                | TAGE                                    |  |  |
| 22   |   |  |                                    |           |               |   |                                |   |  |  |
| Sulfic, Api  | 2. Principal Pl   | ace of Business  | 2a. Mailing Address                |           |               |   |                                | Ilar                                    | polied For                                 |  |
| South App # of the Country 2 country 2 country 2 country 2 country 2 country 3 country | — ·   |  | <del> </del>                       |           |               |   |                                |   | · <del>'····························</del> |  |
| Coty & State  20   |   | #, etc   |                                    |           |               |   |                                | - A-1                                   |  |  |
| City & Statio 29 20 20 20 20 20 20 20 20 20 20 20 20 20  | <del></del>   | ·  | <b>∤</b> ¬                         |           |               | 5. Certificate of Status Desired        | Ш                              | •                                       |  |  |
| 20   20   20   20   20   20   20   20  |   | <del></del>  | · •                                |           |               | 6. Flection Campaign Financing          | ~~~~~                          | \$5.00                                  | May Bo                                     |  |
| Zip   Country   Zip   Country   Zip   Country   St. This corporation rows on has paid the current year Intendible   Personal Property Tax due June 30   Mes   No   No   No   No   No   No   No   N   | _   | <del></del>  |                                    |           |               |   |                                |   |  |  |
| Section   Registered Agent   Registered   Registered Agent   Registered   R   |   | the state of the s |                                    |           | try           |   | aid the curr                   |   |  |  |
| GOLDIN, MIRAM R 900 N FEDERAL HIGHWAY #220 BOCA RATION FL 33432  11. Pursuant to the provisions of Sections 607 (502 part 607 1508; Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or requisioned agent, or loth, or liver, or l | 24  | 25   | 29                                 | 30        |               | · · · · · · · · · · · · · · · · · · ·   |                                |   |  |  |
| BOCA RATON FL 33432    Ba   City Delivery Beach   FL   St   Zip Code   |   | 9. Name and Address of Currer  | nt Registered Agent                | 1         |               |   | egistered A                    | gent                                    |  |  |
| BOCA RATON FL 33432    Ba   City Delivery Beach   FL   St   Zip Code   | GO  | ldin, miriam r   |                                    | 1         | Name          | Man P Carpin                            | ,                              |   |  |  |
| BOCA RATON FL 33432    Ba   City Delivery Beach   FL   St   Zip Code   | 900   | N FEDERAL HIGHWAY #220   |                                    |           | Street Add    | trace (P.O. Box Number is Not Accept    |                                | <del></del>                             |  |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Horida Statutos, the above-named corporation submits this statement for the purpose of changing fits registered office or registered agent, or both, in this State of Tends. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing fits registered office or registered agent, or both, in this State of Tends. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing fits registered agent agents of the corporation with present the purpose of changing fits registered affects of the corporation with present the corporation agents of the purpose of changing fits registered agent agents of the corporation agents agents of the corporation agents of the corpor |   |  |                                    | - 1       |               | TOO I TO DON HER TOO TOO TOO TOO        | R R                            |   |  |  |
| Control of registered agents or tools, on the State of Honds. Section 607 6055, Florida Statutes.  SIGNATURE  Signature Syndromy and accept the option of the product of th |   |  |                                    | 1         |               |   |                                |   |  |  |
| Control of registered agents or tools, on the State of Honds. Section 607 6055, Florida Statutes.  SIGNATURE  Signature Syndromy and accept the option of the product of th |   |  |                                    | L.        |               |   |                                | Tail I ac in                            |  |  |
| Control of registered agents or tools, on the State of Honds. Section 607 6055, Florida Statutes.  SIGNATURE  Signature Syndromy and accept the option of the product of th |   |  |                                    |           | 14 City Del   | VAY BOA H                               | FL                             | 85  Zip (                               | Code                                       |  |
| office or registered agent, or both, in this State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent and another the polyspations of, Section 607 606, Florida Statutes.  SIGNATURE  Signore by efficients of registered agent, or both, in this State of Florids. Section 607 606, Florida Statutes.  PO   | 11. Pursuant t  | to the provisions of Sections 607 050  | 2 and 607.1508, Florida Statutes   | s, the ab | ove-named cor | poration submits this statement for the |                                |   |  |  |
| 12.   10   12   13   15   16   16   16   16   16   16   16   | office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered. |  |                                    |           |               |   |                                |   |  |  |
| 12.  | 1/21/00   |  |                                    |           |               |   |                                |   |  |  |
| TILE PD OFFICERS AND DIRECTORS 12  |   |  |                                    |           |               |   |                                |   |  |  |
| NAME   HERNANDEZ, DAVID J   12 NAME   1.3 STREET ADDRESS   CITY-ST-ZIP   KISSIMMEE FL 34748   1.4 CITY-ST-ZIP     Change   Addition   Additio   | <u> </u>  |  |                                    | 13.       |               | ADDITIONS/CHANGES TO OFF                | ICERS AND                      | DIRECTOR                                | IS IN 12                                   |  |
| STREET ADDRESS   CITY-ST-ZIP   Change   Addition   | TITLE   | PD   | DELETE                             | 1.1 TITL  | E             |   |                                | Change                                  | Addition                                   |  |
| CITY-ST-ZIP  | NAME  | Hernandez, David J   |                                    | 1.2 NAN   | ie l          |   |                                |   | [:   |  |
| TITLE  | STREET ADDRESS  | 903 SAVANNA DR   |                                    | 1.3 STR   | ET ADDRESS    |   |                                |   |  |  |
| TITLE HINELINE, J L  | CITY-ST-ZIP   | KISSIMMEE FL 34748   |                                    | 1.4 CITY  | -ST-ZIP       |   |                                |   |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE SDT GOLDIN, ARNOLD S STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE GOLDIN, ARNOLD S STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP GS NAME GS NAME STREET ADDRESS CITY-ST-ZIP GS NAME GS NAME GS NAME STREET ADDRESS CITY-ST-ZIP GS NAME GS NA |   | VC   | DELETE                             |           | <del></del>   |   |                                | Change                                  | Addition                                   |  |
| CITY-SI-ZIP  PALM BEACH GARDENS FL 33410  2 4 CITY-SI-ZIP  TITLE  SDT GOLDIN, ARNOLD S STREET ADDRESS CITY-SI-ZIP  TITLE  MAME STREET ADDRESS CITY-SI-ZIP  TITLE  MAME STREET ADDRESS CITY-SI-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-SI-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS CITY-SI-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS CITY-SI-ZIP  GENAME STREET ADDRESS CITY-SI-ZIP  | NAME  | HINEUNE, J L   |                                    | 2.2 NAA   | ie            |   |                                |   | 1  |  |
| CITY-ST-ZIP PALM BEACH GARDENS FL 33410  2.4 CITY-ST-ZIP  TITLE SDT GOLDIN, ARNOLD S STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS  | 146 OAKWOOD LANE   |                                    | 2.3 STR   | EET ADORESS   |   |                                |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE AT TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP   |   | PALM BEACH GARDENS FL.   | 33410                              |           |               | •                                       |                                |   | 1  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.1 TITLE A.2 NAME A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.4 TITLE A.4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE B.1 TITLE B.2 STREET ADDRESS CITY-ST-ZIP TITLE B.3 STREET ADDRESS CITY-ST-ZIP TITLE B.4 CITY-ST-ZIP B.5 NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                                    |           |               |   |                                | Change                                  | Addition                                   |  |
| 1101 TEALWOOD DR   | l I   |  |                                    | 3.2 NAM   | se            |   |                                |   |  |  |
| STREET ADDRESS   STRE   | STREET ADDRESS  |  |                                    | 3.3 STR   | EET ADDRESS   |   |                                |   | }  |  |
| DELETE   |   |  |                                    |           |               |   |                                |   |  |  |
| NAME   |   |  | DELETE                             |           |               | ,                                       |                                | Change                                  | ☐ Addition                                 |  |
| STREET ADDRESS   | 1   |  | -                                  |           |               |   |                                | -                                       | ļ.   |  |
| A4 CITY-ST-ZIP   | l i   |  |                                    |           | Į.            |   |                                |   |  |  |
| TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         CITY-ST-ZIP         53 STREET ADDRESS         CITY-ST-ZIP         DELETE         61 TITLE         Change         Addition           NAME         62 NAME         62 NAME         STREET ADDRESS         63 STREET ADDRESS         CITY-ST-ZIP         64 CHY-ST-ZIP   |   |  |                                    |           |               |   |                                |   | ŀ  |  |
| NAME         5 2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-5T-ZIP         5.4 CITY-5T-ZIP           TITLE         □ DELETE         61 TITLE         □ Change         □ Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS         61 STREET ADDRESS         64 CHY-ST-ZIP  |   |  | DELETE                             |           |               |   |                                | Change                                  | Addition                                   |  |
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| NAME  STREET ADDRESS  GITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP   |   |  | DELETE                             |           |               |   |                                | Change                                  | Addition                                   |  |
| STREET ADDRESS  GITY - ST - ZIP  G 3 STREET ADDRESS  6 4 CITY - ST - ZIP   |   |  | veri                               |           |               |   |                                |   |  |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |   |  |                                    |           |               |   |                                |   |  |  |
|  | l i   |  |                                    |           |               |   |                                |   |  |  |
|  |   | artify that the information supplied w   | th this films does not qualify for |           |               | Section 119.07(3)(i). Florida Statutes  | Lifurther cer                  | tify that the                           | information                                |  |

indicated on this annual report or supplemental aurural 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 co-poration 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 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing or the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changing the trustee empowered to execute this report is a supplemental trustee.

ARADLA S. GOLOW Secty Thrown