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

DOCUMENT # H23607

(5)

STEPHEN E. DAVIS ARCHITECTS, INC.

FILED

Apr 06 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					- 1 10040014 02110 14000 41440 021114 04014 10				
2801 E. IRLO BRONSON MEM. HWY., STE. A 2901 E. IRLO BRONSON MEM. HWY., S					TF 4				
KISSIMMEE FL 34744 KISSIMMEE FL 34744				8	ile. A				
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
9 Principal (Place of Business	An Maillea Addings				09/26/1984			
	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Not Applicable
22		27				5. Certificate of Status Desired			5 Additional
City & State		City & State			Fee Required				
23		├ ─	28			Election Campaign Financing Trust Fund Contribution)0 May Be ed to Fees
Zip	Country Zip Country				8. This corporation owes or has pa	id the ou			
24	25 29 30					Personal Property Tax due June		Yes	□ No
	g, Name and Address of Currer					10. Name and Address of New Re			
DAVIS, STEPHEN E.				1	Name		-		
	37 KISSIMMEE BAY CIRCLE		8	2	Street Addre	ss (P.O. Box Number is Not Acceptat	lo)		
	SSIMME FL 34744		ا ا	•	direct Addres	R Address (P.O. Box Number is Not Acceptable)			
			8	3					
			-	4	City			Tabl 7	. 6
				1	•		FL	_ 1 /	ip Code
OHER OF I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	OLEIOTIA SILON CHANAG WAS AL	ואסליזסמו	N. /	named corpo the corporatio	vation submits this statement for the pen's board of directors. I hereby accepts	ourpose o	f changing oointment	g ils registered as registered
SIGNATURE									
				Registered Agent signature require			DATE		
TITLE	PDT OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
NAME	DAME OFFICEN F			1.1 TITLE				☐ Chang	e 🔲 Addition
STREET ADDRESS	2737 KISSIMMEE BAY CIRCLE	E		1.2 NAME					1
CITY-ST-ZIP KISSIMMEE FL		5	1.3 STREET ADDRESS						
TITLE	DELETE DELETE			1.4 CITY - ST - ZIP 2.1 TITLE				Chasa	
NAME	_			2.2 NAME				L Chang	e ∐ Addation
STREET ADORESS					000000				
CITY-ST-ZIP			2.3 STREI 2. 4 CITY		1				
TITLE	DELETE			_	- ZIP			Chang	e Addition
NAME		had when h	3.1 TITLE 3.2 NAME		Ī	•	1	L Charly	S L_1 AUGINON
STREET ADORESS			3.3 STREE		nnerss				
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELET E	4.1 TITLE					Chang	e 🔲 Addition
NAME			4. 2 NAMI					L Unany	~ E Valuelle
STREET ADDRESS			4.3 STREE		OORESS				
CITY-ST-ZIP			4.4 CITY-						
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NAME			5 2 NAME		ĺ				- Li riganion
STREET ADDRESS			5.3 STREE		IDBESS				
CITY-ST-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE	3111	F-11			Change	e Addition
NAME		_	6.2 NAME						7,000,001
STREET ADDRESS			6.3 STREE		INDRESS !				
27			U.J STREE	. + AU	-011E33				

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 of the receiver or trustife 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 of an attachment within address.