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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H51595** **(7)**

1. Corporation Name
PAUL DAVIS SYSTEMS, INC. OF BROWARD COUNTY

Principal Place of Business	Mailing Address
1791 BLOUNT RD. SUITE #411 POMPANO BEACH FL 33069	1791 BLOUNT RD. SUITE #411 POMPANO BEACH FL 33069-5127

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business — 21: AS ABOVE
2a. Mailing Address — 26: SAME
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25: BROWARD
Zip — 29:
Country — 30:

4. FEI Number: 59-2496640 ☐ 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
NIESSEN, LAURIE A.
258 W. HEMINGWAY CIRCLE
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name: NA
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing it)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDT	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	NIESSEN, WILLIAM C.		1.2 NAME		
STREET ADDRESS	317 WALNUT ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	ZIP 33019	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	NIESSEN, CHARLES		2.2 NAME		
STREET ADDRESS	302 LINCOLN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	ZIP 33067	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	NIESSEN, LAURIE A.		3.2 NAME		
STREET ADDRESS	258 W. HEMMINGWAY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	ZIP 33063	
TITLE	VE	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLIDAY, LEE		4.2 NAME		
STREET ADDRESS	6007 S.W. 45TH STREET		4.3 STREET ADDRESS	OMIT MR HOLIDAY	
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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, added or deleted.

SIGNATURE: [signature] William C. Niessen 1/21/97 (954) 979-9078
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #