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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90101 047 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51595

1. Corporation Name

PAUL DAVIS SYSTEMS, INC. OF BROWARD COUNTY

Principal Place of Business

1791 BLOUNT RD. SUITE #411
POMPANO BEACH FL 33069

Mailing Address

1791 BLOUNT RD. SUITE #411
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1985

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1775 BLOUNT RD
Suite, Apt. #, etc.

22 SUITE 408

City & State

23 POMPANO BE FL.

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 1775 BLOUNT RD
Suite, Apt. #, etc.

27 SUITE 411

City & State

28 POMPANO BE FL.

Zip

29 33069

Country

30 USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE PCDT ☐ DELETE

NAME NIESSEN, WILLIAM C.

STREET ADDRESS 317 WALNUT ST.

CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ DELETE

NAME NIESSEN, CHARLES

STREET ADDRESS 302 LINCOLN ST

CITY-ST-ZIP POMPANO BEACH FL

TITLE SD ☐ DELETE

NAME NIESSEN, LAURIE A.

STREET ADDRESS 258 W. HEMMINGWAY CIRCLE

CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

WILLIAM C. NIESSEN 2/1/99 (954) 979-9078

CR2E034 (11/98)