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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-1-96

B-5987

DOCUMENT # H56914 (5)

1. Corporation Name

DAVANI, INC.

Principal Place of Business

4618 JACKSON STREET
HOLLYWOOD FL 33021

Mailing Address

4618 JACKSON STREET
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified

05/14/1985

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 7338 S.E. Fiddlewood

26 7338 S.E. Fiddlewood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hobe Sound, FL

28 Hobe Sound, FL

24 Zip

25 Country

29 Zip

30 Country

24 33455

25 USA

29 33455

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESSER, PATRICIA A.
4618 JACKSON STREET
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7338 S.E. Fiddlewood Lane

83

84 City

Hobe Sound

FL

85 Zip Code
33455

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LESSER, PATRICIA A.
STREET ADDRESS 4618 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE STD
NAME LESSER, RANI M
STREET ADDRESS 4618 JACKSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE STD
NAME LESSER, MORTON
STREET ADDRESS 7338 S.E. FIDDLEWOOD LANE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

7338 S.E. FIDDLEWOOD LANE
HOBE SOUND, FL 33455

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

STD
LESSER, MORTON
7338 S.E. FIDDLEWOOD LANE
HOBE SOUND, FL 33455

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patricia A. Lesser (Patricia A. Lesser)

4-29-96

407-220-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)