


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90166 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # H56914

1. Corporation Name
DAVANI, INC.

Principal Place of Business
7338 SE FIDDLEWOOD
HOBE SOUND FL 33455
US

Mailing Address
7338 SE FIDDLEWOOD
HOBE SOUND FL 33455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1985

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-2524541

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**

7. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

LESSER, PATRICIA A.
7338 SE FIDDLEWOOD LANE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name **Rani M. Pelfrey**
 82 Street Address (P.O. Box Number is Not Acceptable)
4618 JACKSON ST.
 83
 84 City **Hollywood** FL 85 Zip Code **33021**

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 reappointing)

DATE

3/26/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
 NAME **LESSER, PATRICIA A.**
 STREET ADDRESS **7338 SE FIDDLEWOOD LANE**
 CITY-ST-ZIP **HOBE SOUND 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

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 **PD** ☐ Change ☒ Addition
 1.2 NAME **PELFREY, RANI**
 1.3 STREET ADDRESS **4618 JACKSON ST**
 1.4 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rani M. Pelfrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
 Date

561-283-8702
 Daytime Phone #

CR2E034 (1/98)