

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H70212** (6)

1. Corporation Name

MICHAEL S. DAVIS, P.A.

Principal Place of Business

**2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

Mailing Address

**2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**



2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**DAVIS, MICHAEL S.
2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

3. Date Incorporated or Qualified
08/05/1985

3a. Date of Last Report
02/14/1995

4. FID Number
59-2577520

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. 194.032,
Florida Statutes ☐ Yes ☒ No

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 607.0602 and 607.1516, 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. The registrant accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PD
DAVIS, MICHAEL S.
2311 N. ANDREWS AVE.
WILTON MANORS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13.

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27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. DAVIS

4/11/96

305-566-9919

CR2E034 (12/95)