## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J33263

(1)

DAVID D. DAVIS, P.A.

Mailing Address

2033 MAIN ST #406 SARASOTA FL 34237

Principal Place of Business

2033 MAIN ST #406 SARASOTA FL 34237-8091

## FILED Jan 29 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 09/16/1986	3a. Date of Last Report 04/26/1996
	ace of Business S. TAMIAMI TR	2a. Mailing Address	907	4. FEI Number 59-2716218	Applied For
21 <b>873</b> Suite, Apt. 4		Suite, Apt #, etc.	707	39-27 102 10	Not Applicable  S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
23 City & State	PREY 7L	City & State  28 OSPRey  Zip	7L Country	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24] 34 みユ	L		SARASOTA	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
27 / 1 7 7	9. Name and Address of Current			10. Name and Address of New Rec	
DAVI	s, david d.		81 Name	AULS AULT	7
	MAIN ST #406 ASOTA FL 34237		Street Address (P.O. Box Number is Not Acceptable)  873 S. TAM I AM (P.O. Box Number is Not Acceptable)  873 S. TAM I AM (P.O. Box Number is Not Acceptable)  874 CityOSPRey  FL 85 Zip Code 34229		
office or reagent. Far SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a tions of Section 607,0505, Flor 	s, the above-named co uthorized by the corpor rida Statutes.	proration submits this statement for the particular ation's board of directors, it hereby accept	t the appointment as registered
	Signature typed or penied name of registered agen		Registered Agent signature req		DATE
12.	PD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE NAME	DAVIS, DAVID D.			_	J
STREET ADDRESS	2033 MAIN STR #406		1.3 STREET ADDRESS	873 S. TAMIAN OSPREY, FL.	VI TR.
CITY - ST - ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	ASODOV AL.	24229
TITLE	ONINOTALE	DELETE	2.1 TITLE	DSINCY, 15	Change Addition
NAME		_	2.2 NAME		- • -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - 7IP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-SI-ZIP			3 4. CITY - ST - ZIP		
DILE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		_	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 ☐ Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-ST-ZIP			6.4 CITY - ST- ZIP		
informatio	n indicated on this annual report or si	upplemental annual report is tri	ue and accurate and th	red in Section 119.07(3)(i), Florida Statutes hat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if made under oath; th