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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J37845 (1)

1. Corporation Name
DAVIS AND EINGOLD, INC.

Principal Place of Business
15501 BULL RUN ROAD
MIAMI LAKES FL 33014

Mailing Address
15501 BULL RUN ROAD
MIAMI LAKES FL 33014-7004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1986		05/13/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0023235		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, HARVEY
15501 BULL RUN RD.
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name HARVEY DAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 1810 NE MIAMI GARDENS DRIVE
83
84 City NO. MIAMI BEACH FL 85 Zip Code 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.008, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Harvey Davis

(NOTE: Registered Agent signature required when reinstating)

HARVEY DAVIS

4/21/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DAVIS, HARVEY	1.2 NAME	
STREET ADDRESS	123 LAUREL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	EINGOLD, ALAN	2.2 NAME	
STREET ADDRESS	10847 CHARLESTON PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Harvey Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY DAVIS 4/21/97 305 9476531

DATE

DAYTIME PHONE #

0120052

CR2E034 (9/96)