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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86885

(7)

DAV-DAN, INC.

FILED
Jan 14 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address					**************************************	G1#11 G1611 G1611	*****	
3563 COMMER		3563 COMMERICAL WAY						
6249 NEWMAR	7K ST. Fl 34806-3948	6249 NEWMARK ST. SPRING HILL FL 34606-3948			1			
STANG THEE	7. 0.000				3. Date Incorporated or Qualified 3a. Date of Last Re 08/06/1987 01/23/1996			eport
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · ·		4. FEI Number	1		oplied For
21		26			59-2838162		N N	ot Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Re				
City & Sta	to	City & State		6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution				
Zφ	Country	Zip	Counti	у	8. This corporation has liability	for intangibl	e tax under s	. 199.032,
24	25	29	30		Florida Statutes	Yes	□ No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered	Agent	
SIS	CO, DAVID HOWARD		8	Name				
	9 NEWMARK STREET		8:	Street Add	ress (P.O. Box Number is Not Acce	ntable)		
	RING HILL FL 34606			Direct Add	inds (F.S. Box Hallison is Hot Floor	ptabley		
			8:					
			8	City		FI	85 Zip	Code
44 Pireuant	to the provisions of Sections 607 05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607 1508 Florida Statut	es the abou	le-named cor	poration submits this statement for t	ha nurnaea	of changing i	te renietered
SIGNATURE	Signature, typed or part test name of registered as		E Registered A		ired when reinstating)	DATE		
12.	PVD	DELETE DELETE	13.		ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
	SISCO, DAVID HOWARD	vereit	1.2 NAME				Last Onerige	Muuliloi
NAME STREET ADDRESS	6249 NEWMARK ST.			T ADDRESS				
	SPRING HILL FL		1.4 CITY	· \				
CITY- ST-ZIP	STD	DELETE	2.1 TITLE				Change	Addition
NAME	SISCO, DANITA E.		2.2 NAME					
STREET ADDRESS	ARABAMINA APIA OT		1	T ADDRESS				
CITY - ST - ZIP	SPRING HILL FL		2 4 CITY					
TITLE		DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME				- •	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY	-SI-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAM					
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-7IP			4.4 CITY	ST - ZIP				
TITLE		☐ DELFTE	5 1 TITLE				Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			53 STRE	T ADDRESS				
CiTy - ST - 7iP			54 CITY	ST-ZIP				
TITLE		DELETE	61 TITLE		_		Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	T 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

SALLA CONTROL SUSCENSION OFFICER ON DIRECTOR

IN 4, 1997 686-0955