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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J98076** (9)

1. Corporation Name
NJ DAVIS, INC.



Principal Place of Business

Mailing Address

% GERALD W. MOORE
801 BRICKELL AVE. 14TH FL.
MIAMI FL 33131-9900

% GERALD W. MOORE
801 BRICKELL AVE. 14TH FL.
MIAMI FL 33131-9900

3. Date Incorporated or Qualified
10/19/1987

3a. Date of Last Report
04/19/1995

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, GERALD W.
801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL 33131

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 607.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **D DAVIS, NANCY JEAN** ☐ DELETE
STREET ADDRESS **80 SW 8TH ST., #2110**
CITY-ST-ZIP **MIAMI FL**

1 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy Jean Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-374-8411
Daytime Phone

CR2E034 (12/95)