

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Albert W. Margolis
Secretary of State
P.O. Box 3020, Tallahassee, FL 32301-3020
Telephone: (850) 488-3100

APPROVED
AND
FILED

SAT MAY 1 11:10:21

STATE OF FLORIDA
LAUDERDALE, FLORIDA

DOCUMENT # K69609

(1)

BILL DAVIS PROPERTIES, INC.

1. FIRM NAME OR TRADE NAME

2. ADDRESS

C/O FRED HOFFMEIER
5101 NW. 21ST AVE., SUITE 330
FT. LAUDERDALE FL 33309

C/O FRED HOFFMEIER
5101 NW. 21ST AVE., SUITE 330
FT. LAUDERDALE FL 33309

3. FIRM DATE OF EXPIRATION

4. EXPIRATION DATE

21

26

3. FIRM EXPIRATION DATE (if applicable) 3a. DATE OF NEW EXPIRATION
03/02/1989 04/21/1994

22

27

23

28

24

29

25

30

9. Name and Address of Current Registered Agent

HOFFMEIER, FRED
5101 N.W. 21ST AVE.
SUITE 330
FT. LAUDERDALE FL 33309

4. FIRM NUMBER
65-0097138

5. FIRM DATE OF STATE LICENSE
\$8.75 Additional Fee Required

6. FIRM CHAMBERS FEES AND
TRUST FUND CONTRIBUTION
\$5.00 May Be Added to Fees

7. THE CORPORATION HAS MADE NO ADDITIONAL CHAMBERS
CONTRIBUTION

10. Name and Address of New Registered Agent

81. Name

82. Street Address (Do Not Transpose, Not Acceptable)

83.

84. City

85. Zip Code

11. I, the undersigned, do hereby certify, pursuant to Florida Statutes, Paragraph 14(h), Chapter 409, that I am the registered office of my corporation and that the officer whose name appears above was authorized by the Board of Directors to execute this document, except that the appointment is considered temporary because all of the officers of the corporation are deceased or have resigned.

12. SIGNATURE

D
DAVIS, WILLIAM H.
5101 N.W. 21ST AVE.
FT. LAUDERDALE FL

ST
DAVIS, DIANE T
5101 NW 21ST AVE
FT. LAUDERDALE FL

NAM

NAM

NAM

NAM

NAM

NAM

NAM

NAM

NAM

13.	ADDITIONAL CHAMBERS FEES AND TRUST FUND CONTRIBUTION <input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME DAVIS, WILLIAM H.	<input type="checkbox"/> Change <input type="checkbox"/> Add
15. ADDRESS 5101 NW 21ST AVE. FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
16. CITY FT. LAUDERDALE	<input type="checkbox"/> Change <input type="checkbox"/> Add
17. ZIP CODE 33309	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME DAVIS, DIANE T	<input type="checkbox"/> Change <input type="checkbox"/> Add
19. ADDRESS 5101 NW 21ST AVE. FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
20. CITY FT. LAUDERDALE	<input type="checkbox"/> Change <input type="checkbox"/> Add
21. ZIP CODE 33309	<input type="checkbox"/> Change <input type="checkbox"/> Add
22. NAME DAVIS, DIANE T	<input type="checkbox"/> Change <input type="checkbox"/> Add
23. ADDRESS 5101 NW 21ST AVE. FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
24. CITY FT. LAUDERDALE	<input type="checkbox"/> Change <input type="checkbox"/> Add
25. ZIP CODE 33309	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I declare, under penalty of perjury, that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Article 4, Chapter 409, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall attest to the same legal effect as if made orally. That I am an officer or director of the corporation or the record or duly authorized to execute this report as required by Chapter 409, Florida Statutes, and that my signature on Block 1, or Block 10, of changed or new attachment, will be attested with an address.

SIGNATURE: *Diane T. Davis* *electree* *2/27/95* *904-562-4767*
SIGNATURE AND TYPED OR PRINTED NAME OF RECORD OFFICER OR DIRECTOR