Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L43968**

1. Corporation Name

GART SCOTT DAVIS, P.A.						
Principal Place of Business	Mailing Address			T + MOSTADIL OTS BIDARA TITIO TOTAL DITOL ENTL DIT	MI MINIE OFNET NICHT N	
200 S. BISCAYNE BLVD. 41ST FLOOR	200 S. BISCAYNE BLVD. 4	HST FLOC	R			
MIAMI FL 33131 MIAMI FL 33131 US US				DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualifed		
				01/17/1990		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	26		65-0170002	Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		.5, ·Certifcate of Status Desired	\$8.75 A	
22	27				Fee Red	
City & State	City & State			6. Election Campaign Financing	\$5.00	
23	28			Trust Fund Contribution	Added to) Fees
Zip Country	Zip	Cour	try	8. This corporation owes the current year		□No
24 25	29	30		Personal Property Tax. 10. Name and Address of New Register		
9. Name and Address	s of Current Registered Agent		31 Name	IV. Hallie alla Addicas of Hew Hogister	- La rigotti	
DAVIS, GARY S		1				
200 S. BISCAYNE BLVD., 4	IIST FLOOR		32 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131		ŀ	33			
		Ì	B4 City	F	EL 85 Zip C	code
44 Durayent to the provisions of Section	ne 607 0502 and 607 1508 Florida Statut	es the ah	ove-named corr	poration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, ir agent. I am familiar with, and accept SIGNATURE	n the State of Florida. Such change was a at the obligations of, Section 607.0505, Flo	utnorizeg irida Statu	by the corporati es.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pomunent as reg	registered gistered
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP