

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M50636 (3)

1. Corporation Name

DAVIS HOUSE PUBLISHING COMPANY

Principal Place of Business

Mailing Address

C/O RICHARD DAVIS  
15253 S.W. 81ST TERRACE  
MIAMI FL 33193

C/O RICHARD DAVIS  
15253 S.W. 81ST TERRACE  
MIAMI FL 33193



2. Principal Place of Business	2a. Mailing Address
21 3411 SANTA BARBARA BLVD Suite, Apt. #, etc.	26 3411 SANTA BARBARA BLVD Suite, Apt. #, etc.
22 N/A City & State	27 N/A City & State
23 CAPE CORAL, FL Zip	28 CAPE CORAL, FL Zip
24 33914 Country	29 33914 Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1987	02/14/1995
4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RICHARD  
15253 S.W. 81ST TERRACE  
MIAMI FL 33193

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3411 SANTA BARBARA BLVD
83
84 City
CAPE CORAL
85 Zip Code
FL 33914

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD	1.2 NAME	
STREET ADDRESS	15253 SW 81ST TER	1.3 STREET ADDRESS	3411 SANTA BARBARA BLVD
CITY-ST-ZIP	MIAMI-FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CONCHITA M.	2.2 NAME	
STREET ADDRESS	15253 SW 81ST TER	2.3 STREET ADDRESS	3411 SANTA BARBARA BLVD.
CITY-ST-ZIP	MIAMI-FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICK BLAIR	3.2 NAME	
STREET ADDRESS	15253 SW 81ST TER	3.3 STREET ADDRESS	3411 SANTA BARBARA BLVD
CITY-ST-ZIP	MIAMI-FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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; that 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 in an attachment with an address.

SIGNATURE: RICHARD DAVIS Jan. 22 1996 741-945-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)