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	PROFIT PORATION			RTMENT OF STATE	Mar 16 1	.998 8:	00an
ANNUAL REPORT			Secreta	ry of State CORPORATIONS	Secretary of State		
		300000	0573 (4)		_	2	
DAVIS V	entures, inc.						
incipal Place of Business 39 PERRINE CT IARCOISLAND FL 33937 IS			illing Address 9 PERRINE COURT		, 1881/001 138 00.168 31111 89113 80111 0		••••
			ARCO ISLAND FL 3393	7	DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 12/30/1992 		
Principal Pla	ice of Business		Mailing Address		4. FEI Number		Applied For
Suite, Apt. #	, elc.	26	Suite, Apt. #, etc.		65-0374923 5. Certificate of Status Desired	·····	Not Applicable Additional
City & State		27	City & State			Fee	Required
		28		*	6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
^{zø} 341	4.5 25	29	34145	Country 30	 This corporation owes or has p Personal Property Tax due Jun 	·	Intangible
	9. Name and Addres		ered Agent		10. Name and Address of New R		
	ister, ronald s North Collier BL	M		B1 Name		6-1-L	
	ICO ISLAND FL 3393				dress (P.O. Box Number is Not Accepte	1018)	
				63			
Pursuant to	the provisions of Sector	ons 607.0502 and 60	97.1508, Florida Statu	B4 City	rporation submits this statement for the	FL	p Code
CNIATURE) the provisions of Secto gistered agent, or both, i familiar with, and acce lighture, lysied or protect name of			B4 City	poration submits this statement for the ation's board of directors. I hereby accurred when reinstaing)	FL	
	lignature, typed or printed name Of		Fapilicable (NOT 1085	B4 City B4 City authorized by the corpora orida Statutes. E Prepistered Agent signature requ 13.		PL purpose of changing ppt the appointment a DATE ICERS AND DIRECTO	its registered as registered DRS IN 12
	Ignature, typed or printed name o	of registered agent and title (Explicable (NO1	B4 City B4 City authorized by the corpora orida Statutes. E Prepistered Agent signature requ	ulred when reinstating)	PL purpose of changing opt the appointment e	its registered as registered DRS IN 12
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