

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000032353

DAVIS WANDER PROPERTIES INC.
Principal Place of Business Mailing Address

SEE NEW ADDRESS BELOW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Qualified	
21 3064 GRIFFIN ROAD		26 77 EAST LONG LAKE		5-4-93	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		4. FEI Number	
23 FT. LAUDERDALE, FL		29 48304		65-0469615	
24 33312		25 USA		5. Certificate of Status Desired	
26 33312		27 USA		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30	
28 33312		29 USA		8.75 Additional Fee Required	
30 33312		31 USA		8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEW AGENT

81 Name	ROBERT S. DAVIS
82 Street Address (P.O. Box Number is Not Acceptable)	7027 MANDARIN DRIVE
83 City	BOCA RATON
84 State	FL
85 Zip Code	33433

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 understand the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 5/31/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR	11 TITLE	
NAME	ROBERT S. DAVIS	12 NAME	
STREET ADDRESS	7027 MANDARIN DRIVE	13 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL. 33433	14 CITY-STATE-ZIP	
TITLE	STD	21 TITLE	
NAME	SANDRA DAVIS	22 NAME	
STREET ADDRESS	7027 MANDARIN DRIVE	23 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL. 33433	24 CITY-STATE-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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 supplement thereto 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 incorporator or founder as provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement.

SIGNATURE: [Signature] DATE: 4/17/98 1-823735188

CR2E034 (10/97)