

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90097 001 \*\*\*150.00

DOCUMENT # P93000032353

1. Corporation Name

DAVIS WANDER PROPERTIES, INC.



Principal Place of Business

3064 GRIFFIN ROAD  
FT. LAUDERDALE FL

Mailing Address

77 EAST LONG LAKE  
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1993

4. FEI Number

65-0469615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DAVIS, ROBERT S.  
7027 MANDARIN DR.  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

DAVIS, ROBERT S.

82 Street Address (P.O. Box Number is Not Acceptable)

3064 GRIFFIN ROAD

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33314

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 title if applicable.

ROBERT S. DAVIS PRESIDENT X 3-31-99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME DAVIS, ROBERT S.  
STREET ADDRESS 7027 MANDARIN DR  
CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ DELETE  
NAME DAVIS, SANDRA  
STREET ADDRESS 7027 MANDARIN DR  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME DAVIS, ROBERT S.  
1.3 STREET ADDRESS 3064 GRIFFIN ROAD  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33314

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME DAVIS, SANDRA  
2.3 STREET ADDRESS 3064 GRIFFIN ROAD  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33314

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT S. DAVIS X 3-31-99 248-642-1180  
Date Daytime Phone #

CR2E034 (1/98)

0526563