FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022106 (6)**

1. Corporation Name

DAVIDSON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~C/O ACCOUNTING & BUSINESS CONSULTANTS, INC~~ ~~790 E. BROWARD BLVD., SUITE 302~~ ~~FT. LAUDERDALE FL 33301~~	C/O ACCOUNTING & BUSINESS CONSULTANTS, INC 790 E. BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: P. O. Box 3092
22: Suite, Apt. #, etc.
23: City & State: Newport, R. I.
24: Zip: 02840
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0475605 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, HILLARY
C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
790 E. BROWARD BLVD., SUITE 302
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: **FL** 95 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, HILLARY	12 NAME	
STREET ADDRESS	~~790 E. BROWARD BLVD., # 302~~	13 STREET ADDRESS	P. O. Box 3092 N/A
CITY ST ZIP	~~FT. LAUDERDALE FL 33301~~	14 CITY ST ZIP	Newport, R. I. 02840
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, SIMON	22 NAME	
STREET ADDRESS	~~790 E. BROWARD BLVD., # 302~~	23 STREET ADDRESS	P. O. Box 3092 N/A
CITY ST ZIP	~~FT. LAUDERDALE FL 33301~~	24 CITY ST ZIP	Newport, R. I. 02840
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AS 4/13

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)(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.

SIGNATURE: Hillary Davidson Hillary Davidson 4/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed Name

020A041 CP