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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000040466 (2)

## FILED Mar 09 1998 8:00am Secretary of State

|  | oration Nam                           |  | (-)                             | <i>'</i>              |   |   |
|--|---------------------------------------|--|---------------------------------|-----------------------|---|---|
| THE  | E DAVIS                               | Company  |                                 |                       |   |   |
|  |                                       |  |                                 |                       |   | I HADIYARI SID IDIN BIBIL BOYK DAYK DAYK DIRK DIRK DIRK DIRK DIRK DIRK DIRK DIR   |
|  |                                       |  |                                 |                       |   |   |
| Principal Place of Business Mailing Address        |                                       |  |                                 |                       |   | I febtiget lit ibint bibli ebili beni ebint beni beni beni bibli beni bibli bili bibli bibli bibli  |
| 12101 SE PRESTWICK TER 12101 SE PRESTWICK TER      |                                       |  |                                 |                       |   |   |
| TEQUESTA FL 33469 TEQUESTA FL 33469                |                                       |  |                                 |                       |   | DO NOT WRITE IN THIS SPACE  |
|  |                                       |  |                                 |                       |   | 3. Date Incorporated or Qualified   |
|  |                                       |  |                                 |                       |   | i i   |
| 2. Principal Place of Business 2a. Mai             |                                       |  | 2a. Mailing Address             |                       |   | 05/31/1994 4. FEI Number   Applied For  |
| 21 21  |                                       |  | 26                              |                       |   |   |
| Suite, Apt. #, etc.                                |                                       |  | Suite, Apt. #, etc              |                       |   | S8 75 Additional  |
| 22   |                                       | 27   |                                 |                       | 5. Certificate of Status Desired Fee Regulred |   |
| City & State                                       |                                       | City & State   |                                 |                       | 6. Election Campaign Financing \$5.00 May Be  |   |
| 23   |                                       | 28   |                                 |                       | Trust Fund Contribution  Added to Fees        |   |
| Zip  |                                       |  | Zip                             | Country               |   | 8. This corporation owes or has paid the current year Intangible  |
| 24   |                                       | 25   | 29                              | 30                    |   | Personal Property Tax due June 30. 🔀 Yes 🔲 No   |
|  | 9.                                    | Name and Address of Currer   |                                 | <del></del>           |   | 10. Name and Address of New Registered Agent  |
|  | DAMS C                                | TIEOMAINE D  |                                 | 8                     | Name  | ne  |
| DAVIS, CHERMAINE R<br>12101 S.E. PRESTWICK TERRACE |                                       |  |                                 | -                     | St. 0   | et Address (P.O. Box Number is Not Acceptable)  |
| DAVIS  |                                       |  |                                 | 82 Str                |   | et Address (P.O. Box Number is Not Acceptable)  |
|  |                                       | TA FL 33469  |                                 | 8                     | 3   |   |
|  | ILVULO                                | IA 1 L 35403   |                                 | ļ                     |   |   |
|  |                                       |  |                                 | 8                     | City  | FL 85 Zip Code  |
| <b>11.</b> Purs                                    | suant to the                          | provisions of Sections 607.056                                       | 02 and 607.1508, Florida Stat   | utes, the abo         | ve-name                                       | ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| offic  | e or registe                          | red agent, or both, in the State<br>iliar with, and accept the oblig | of Florida, Such change was     | authorized to         | by the co                                     | corporation's board of directors. I hereby accept the appointment as registered   |
|  |                                       | mar with, and accept the oblig                                       | anons or, section 607,0000, i   | TOTICA STATUT         | 35.   |   |
| SIGNATI  | URE                                   | e, typed or pointed name of registered age                           | ent and little d'opplicable (NU | OTE Registered A      | gent signatu                                  | ature required whon reinstating) DATE   |
| 12.  |                                       |  | D DIRECTORS                     | 13.                   |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE  | PD                                    |  | ☐ DELETE                        | 1.1 TITLE             |   | Change Addition   |
| NAME   | DA                                    | VIS, CHERMAINE R   |                                 | 1.2 NAM               |   |   |
| STREET ADO   | STREET ADDRESS 12101 SE PRESTWICK TER |  |                                 | 1.3 STREET ADDRESS    |   | ss  |
| CITY-ST-Z  |                                       | QUESTA FL 33469  |                                 | 1.4 CITY              | ST-ZIP  |   |
| TITLE  |                                       |  | DELETE                          | 2.1 TITLE             |   | <b>√</b> D ☐ Change 🔀 Addition  |
| NAME   |                                       |  |                                 | 2.2 NAM               |   | SUSAN C. DAVIS  |
| STREET ADO   | DRESS                                 | s  |                                 | 2.3 STRE              | ET ADORESS                                    | Susan C. Davis<br>12 Echo Pond Road   |
| CITY-ST-Z  |                                       |  |                                 | 2.4 CITY              | - ST- ZIP                                     | MONROE, CONNECTICUT 06468   |
| TITLE  | ·                                     |  | DELETE                          | 3.1 TITLE             |   | ☐ Change ☐ Addition   |
| NAME   |                                       |  |                                 | 3.2 NAM               |   |   |
| STREET ADD   | DRESS                                 |  |                                 | 3 3 STRE              | ET ADDRESS                                    | ss  |
| CITY-ST-Z  |                                       |  |                                 | 3.4 City              |   |   |
| TITLE  |                                       |  | DELETE                          | 4.1 TITLE             | · <del></del>                                 | Change Addition   |
| NAME   |                                       |  |                                 | 4, 2 NAM              | Ε   |   |
| STREET ADDRESS                                     |                                       |  |                                 | 4.3 STREET ADDRESS    |   | ss  |
| City-St-ZiP  |                                       |  |                                 | 4.4 City-St-ZiP       |   |   |
| TITLE  |                                       |  | 5.1 TITLE                       |                       | ☐ Change ☐ Addition                           |   |
| NAME   |                                       |  | 5.2 NAM                         |                       |   |   |
| STREET ADO   | nerce                                 |  |                                 |                       | Et address                                    | 20  |
|  |                                       |  |                                 |                       |   | <sup>∞</sup>  |
| CITY-ST-Z  | IF                                    |  | DELETE                          | 5.4 CITY<br>6.1 TITLE |   | Change Addition   |
|  |                                       |  | <i>bittl</i>                    | 6.2 NAM               |   | _ crange _ radion   |
| NAME   |                                       |  |                                 | •                     |   |   |
| STREET ADI   | DHESS                                 |  |                                 |                       | ET ADDRESS                                    | 20  |
|  |                                       |  |                                 | - C 4 O/TV            | CT 7ID  |   |
| CITY-SI-Z  | IP                                    | that the different flow a smill of                                   | it. this files does not a - If  | 6.4 CITY              |   | tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |

1. 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 is rupplemental 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 roceiver of 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 interhinent with an address

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