4-18-95 G-3744 C

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 18 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060595 (3)**

1. Corporation Name
DAVEUS, INC.

Principal Place of Business	Mailing Address
PO BOX 292254 DAVIE FL 33329	PO BOX 292254 DAVIE FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/17/1994	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	65-0526475	
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELLEMA, DAVID ~~850 NW 66TH AVE~~ ~~PLANTATION FL 33324~~ 1158 Saddle Creek Dr. Ft Walton Bch, Fl 32547	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: ✓ Susan Wellema 4/12/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	WELLEMA, SUSAN	12 NAME	
STREET ADDRESS	PO BOX 292254 N/A	13 STREET ADDRESS	699 N. Beal Pkwy.
CITY-ST-ZIP	DAVIE FL 33329	14 CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WELLEMA, DAVID	22 NAME	
STREET ADDRESS	PO BOX 292254 N/A	23 STREET ADDRESS	699 N. Beal Pkwy.
CITY-ST-ZIP	DAVIE FL 33329	24 CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
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	

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 above, or on an attachment with an address.

SIGNATURE: ✓ Susan Wellema 4/12/95 (904) 864-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434491 FP