SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

CITY-ST-ZIP

P94000061426 (0)

THE PAUL DAVIS COMPANY

Principal Plac	pe of Business	Malling Address	·	T COMMINENT TITO THE STATE WHEN MONTH OF THE MONTH OF THE STATE WHEN THE STATE OF T
1000 WINDERL	EY /	1000 WINDERLEY		
SUITE 138	A0364	SUITE 138		DO NOT WRITE IN THIS SOACE
MAITLAND FL 32751		MAITLAND FL 32751		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
 				08/12/1994
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3260349 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intengible
24	25	[29]	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
DAV	1S, PAUL		81 Name	
100	O WINDERLEY		82 Street Add	ress (P.O. Box Number is Not Acceptable)
SUI	TE 138		Oz Oli Got Madi	ress (r.o. bux (rember is not Acceptable)
- MAT	TLAND FL 32751		83	
<u> </u>				
			84 City	FL B5 Zip Code
11. Pursuan	t to the provisions of sections 607.	0502 and 607.1508, Florida Statu	tes, the above-named corpo	pration submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change was	authorized by the corporati	ion's board of directors. I hereby accept the appointment as registered
· -	•	onigations of, section our boos, r	ibilia Statutes.	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: Registered Agent signature req	oulred when releastating) DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DECETE	1.1 TITLE	Change Addition
NAME	DAVIS, PAUL		1.2 NAME	
STREET ADDRESS	1000 WINDERLEY, SUITE 1	38	1.3 STREET ADDRESS	<i>;</i>
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME	}	-	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	1			
			3.4 CITY-ST-ZIP	
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
		DELETE	**	Change Addition
TITLE	_	DELETE	4.1 TITLE	Change Addition
TITLE NAME STREET ADDRESS	_	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Change Addition
TITLE NAME			4.1 TITLE 4.2 NAME	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A SS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A SS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 of suppliemental 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 changes or on an attachment with all exidens.

6.4 CITY-ST-ZIP

FILED

Aug 26 1998 8:00am

Secretary of State

T (MATERIA DE SER SERE) APRIL DONAS ARTES DESENDADOS ACTUALISTS ALBERTANDOS ACTUALISMOS AC