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
[illegible] 1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077171 (4)

1. Corporation Name
DURHAMS, INC.

Principal Place of Business
2033 MAIN ST. 400
SARASOTA FL 34237

Mailing Address
2033 MAIN ST. 400
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6290 N. LOCKWOOD RIDGE RD
22 Suite, Apt. # etc.
23 City & State: SARASOTA FL
24 Zip: 34243
25 County: SARASOTA

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

4. FEI Number: 65-0529639 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HANKIN, LAWRENCE M
2033 MAIN ST, 400
SARASOTA FL 34237

10. Name and Address of New Registered Agent
81 Name: SONJA M. ALBERTI
82 Street Address (P.O. Box Number is Not Acceptable): 3654 BENEVA OAKS DR
83
84 City: SARASOTA
FL
85 Zip Code: 34238

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: Sonja M. Alberti SONJA M. ALBERTI 5-4-95
(Signature, typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES, VP, SECRETARY, TREASURER	TITLE	P, V, T, S	☐ Change ☒ Addition
NAME	SONJA M. ALBERTI	NAME	SONJA M. ALBERTI	
STREET ADDRESS	3654 BENEVA OAKS DR	STREET ADDRESS	3654 BENEVA OAKS DR	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

AS 7/24

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sonja M. Alberti SONJA M. ALBERTI 4-20-95 813-358-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0343130 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

... 9: 01

... FLORIDA

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-07/25/95--01097--027
******8.75 ******8.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000077595 (4)

1. Corporation Name

DAVEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
EMBASSY RETIREMENT HOME 561 E MCNAB RD POMPANO BEACH FL 33060	EMBASSY RETIREMENT HOME 561 E MCNAB RD POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: **10/20/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0539089 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPIEGEL, RITA
EMBASSY RETIREMENT HOME
561 E MCNAB RD
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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: Rita Spiegel DATE: 7/19/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIEGEL, RITA
STREET ADDRESS	EMBASSY RETIREMENT HOME 561 E MCNAB RD
CITY-ST-ZIP	POMPANO BEACH FL 33060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	President/Secretary/Director	☐ Change ☒ Addition
1.2 NAME	Spiegel, Rita	
1.3 STREET ADDRESS	561 E. McNab Road	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
2.1 TITLE	400001545764	☐ Change ☐ Addition
2.2 NAME	-07/25/95--01097--028	
2.3 STREET ADDRESS	****225.00 ****225.00	
2.4 CITY-ST-ZIP		
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		

CR2E034 (3/95)

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)(k), 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: Rita Spiegel, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/19/95 Daytime Phone #

0025004 CP