

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077572 (3)**

1. Corporation Name

DAVID'S ETC., INC.



Principal Place of Business

**2671 NW 92 AVE
CORAL SPRINGS FL 33065**

Mailing Address

**2671 NW 92 AVE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

2a. Mailing Address

21 **2671 NW 92 Ave**

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 **Coral Springs**

27

City & State

City & State

23 **FL**

28

Zip

Zip

24 **33065**

Country

Country

25 **Broward**

29

30

9. Name and Address of Current Registered Agent

**DAVID, JACK SR.
2671 NW 92 AVE
CORAL SPRINGS FL 33065**

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 607.01(2) and 607.15(1), 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 provisions of Sections 607.01(2) and 607.15(1), Florida Statutes.

SIGNATURE

Jack David

Jack David

4/2/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DAVID, JACK SR.	
STREET ADDRESS	2671 NW 92 AVE	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE	VS	☒ DELETE
NAME	DAVID, JOHN	
STREET ADDRESS	309 N. 76TH ST.	
CITY-STATE-ZIP	RORAL PALM BCH. FL 33412	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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)(g), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 15 or Block 16 or Block 18 or Block 19 or Block 20.

SIGNATURE

Jack David

Jack David

4/2/96

305-753-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)