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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000077595 (4)

1. Corporation Name

DAVEN ENTERPRISES, INC.

Principal Place of Business

EMBASSY RETIREMENT HOME  
561 E MCNAB RD  
POMPANO BEACH FL 33060

Mailing Address

EMBASSY RETIREMENT HOME  
561 E MCNAB RD  
POMPANO BEACH FL 33060-9323

2. Principal Place of Business

21 6093 N.W. 9<sup>th</sup> COURT  
Suite, Apt. #, etc.

22

City & State

23 MARGATE FL

Zip

24 33063

Country

25 BROWARD

2a. Mailing Address

26 6093 N.W. 9<sup>th</sup> COURT  
Suite, Apt. #, etc.

27

City & State

28 MARGATE FL

Zip

29 33063

Country

30 BROWARD

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0539089

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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

4/20/97 (GCU) 9/96

CR2E034 (9/96)