SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

06/12/96 561736-1615

1996

DOCUMENT #

1. Corporation Name

P94000090166 (7)

DAVNA, INC.

Principal Place	, o positicas	Mailing Address			4 IODIABAI IID ABIII DIBII DEFIL BOIEI DI			
9843 HARBOU BOYNTON BE	R LAKE CIRCLE		9843 HARBOUR LAKE CIRCLE BOYNTON BEACH FL 33437					
DOINION DC	1011 PL 3343/	DOTNION DESCRIPE 33	1437		3. Date Incorporated or Qualified	3a. Date		
A Driver at Dr	ace of Business	A. Malling Address			12/12/1994 4. FEI Number	10/0	9/1995	
2. Principal Pi	ace of Business	2a. Mailing Address	0		11-2450805			Applied For Not Applicable
Suite, Apt	# etc	Suite, Apt. #, etc	*					Additional
2	,, 0.0	27			5. Certificate of Status Desired			Required
City & State)	City & State			6. Election Campaign Financing		\$5.00	0 May Be
3		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zιρ	Country	<i>(</i>	8. This corporation has liability for	_ ~		s. 199.032,
4	25	29	30		Florida Statutes		No	
	9. Name and Address of Cur	rrent Hegisterea Agent	81	Name	10. Name and Address of New Ro	eðisteren Að	ent	
	Ler, Simon			Tanto			·	
9843 HARBOUR LAKE CIRCLE			82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
BO	YNTON BEACH FL 33437		83					
			84	City		FI	85 Zır	o Code
11 Pursuant 1	o the provisions of Sections 607.	0502 and 607,1508. Florida Statut	es the above	named cord	poration submits this statement for the r		ll anging il	ts registered
office or re	egistered agent, or both, in the St	ate of Florida, Such change was a bligations of, Section 607,0505, Fig.	authorized by	the corporat	poration submits this statement for the pion's board of directors. I hereby accept	ot the appoint	ment as	registered
-3	n raniliar with, and accept the of	angations of, Section 607,0505, Pri	onda Statutes					
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NO	TE Registered Age	ol elonal va tag	med when renstation)	DATE		
				ant signature respi	mad w with terrisianing)			
		AND DIRECTORS	13.	an aignature e.p.	ADDITIONS/CHANGES TO OFFI	ICERS AND D	DIRECTO	IRS IN 12
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