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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000010649 (8)**

1. Corporation Name

DAVCON ENTERPRISES INC.

Principal Place of Business	Mailing Address
60 SW 91ST AVE **APT 211** **PLANTATION FL 33324**	**60 SW 91ST AVE** **APT 211** **PLANTATION FL 33324**

3. Date Incorporated or Qualified: **02/06/1995** | 3a. Date of Last Report:

4. FEI Number: 65-0554190 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6204 MAYO ST.	26 6204 MAYO STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Hollywood, FLORIDA	28 Hollywood, FLORIDA
24 Zip 33023	29 Zip 33023
25 Country U.S.A	30 Country U.S.A

9. Name and Address of Current Registered Agent

CONDON, JAMES B
60 SW 91ST AVE
APT 211
PLANTATION FL 33324

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] JAMES B. CONDON 6-1-96
Signature, typed or printed name of registered agent and date. NOTE: Registered Agent signature required when no fee attached. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONDON, JAMES B 60 SW 91ST AVE, APT 211 PLANTATION FL 33324	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JAMES B. CONDON 6151 PALM TRACE GARDENS DR. #110 DAVIE, FL. 33314	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT DAVID E. MASTACHE 6204 MAYO ST. HOLLYWOOD, FL 33024	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY JAMES B. CONDON 6151 PALM TRACE GDNS. DR. #110 DAVIE FL 33314	☒ 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	TREASURER DAVID E. MASTACHE 6204 MAYO ST. HOLLYWOOD FL. 33314	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001873006 -06/24/96--01030--023 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] JAMES CONDON 5-1-96 305-680-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #