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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000037661 (2)

1. Corporation	n Name			-,					
DAV	TAL MARKETING, INC.								
Principal Place of Business Mailing Address							1111 ISH 1811 1810 H		
4215 SOUTHPOINT BLVD. 4215 SOUTHPOINT BLVD.									
SUITE 100 SUITE 100									
- WAONSON	WILLE PL 32210	JACKSC	ONVILLE FL 32	216		Date Incorporated or Qualified	3a. Date of	Last Bon	
						05/11/1995	N/A	cast nep	ori
	lace of Business	2a. Mailing A	Address			4. FEI Number		Ap	plied For
21 6708 Suite, Apt.	Laloma Drive	26	Suite, Apt #, etc.			59-3315391		No	ot Applicable
22	W1 010.	H	27			5. Certificate of Status Desired \$8.75 Additional			
City & State			City & State			6. Flection Campaign Financing \$5.00 May Be			
	onville, FL	28	28			Trust Fund Contribution		\$5.00 Added to	
Zip 24 2001 7	Country	<i>Ζ</i> φ		Country	/	8. This corporation has liability for	intangible tax u		
24 32217	9. Name and Address of Curren	29		30		Florida Statutes Yes	s □No		
	a. The differences of Outre	ii negistereo Agi	=	81	Name	10. Name and Address of New I	legistered Age	ent	
SCHN	IEIDER, MICHAEL N								
4215 SOUTHPOINT BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	**		
SUITE 100			83						
JACK:	SONVILLE FL 32216			84	C)				
				}	, ,			IS Zip C	
or register	to the provisions of Sections 607,0502 ed agent, or both, in the State of Floric	iand 607,1508, Fla dal Such change y	orida Statutes, vas authorized	, the above-r	named corpo	ration submits this statement for the pured of directors. Thereby accept the app	pose of changir	ng its reg	stered office
	th. and accept the obligations of, Secti	ion 607.0505, Flori	ida Statutes.	. r.y (00/p)	01430113 000	no or directors. Thereby accept the app	omment as regi	stered ag	jent. I am
SIGNATURE _	Signature, typed or printed name of registered agency	and the dianet, able		Restatored A nor	I Prant I	d when packs sings			
12.	OFFICERS AND			13.	. sgrathe regime	ADDITIONS/CHANGES TO OFF	CATE ICERS AND DIR	ECTORS	EIN 12
TITLE	D /P/S/T		☐ DELETE 1:		·				Addition
NAME	BIELSKI, DAVID 6708 LALOMA DRIVE		1.2 NAME					_	
STREET ADDRESS	JACKSONVILLE FL 32217		1 3 STREET	ADDRESS					
CITY-S1-ZIP TITLE	SACROCITIELL PE 32217		DCI ETI	1.4 CITY - S	f - ZIP				
NAME			DELFTE	2 1 HITLE			Cr	nange [Addition
STREET ADDRESS				2.2 NAME	*DCOLGO				
CITY - ST - ZIP				23 STREET 24 CHY-S					ĺ
TITLE			DELETE	3 1 TIFLE	1 · 207		Cr	1200e F	Addition
NAME				3.2 NAME				iange [7 700000
STREET ADDRESS				33 STREET	ADDRESS				
CITY-ST-ZIF		·		3 4 CITY - S1	- ZIP				
TITLE NAME		Ü	DELETE	4 1 TITLE			☐ Ch	ange [Addition
STREET ADDRESS				4.2 NAME					
C/TY-ST-Z/P				4 3 STREET	1				
TITLE			ELETE	4 4 C'TY - ST 5 1 T TLE	- I ¹ P				
NAME		<u>.</u>		5 2 NAME			☐ Ch.	ange [Addition
STREET ADDRESS				53 STREET	ADDRESS				
CITY-ST-ZIP				54 CI'Y - ST					ŀ
T:TLE			FLETE	6 1 Trile			☐ Cha	ange r	Addition
NAME				6.2 NAME		30000178 -04/19/96010	:6683	}	,
STREET ADDRESS				G 3 STREEF, A	ADDRESS	-04/19/96010	13- - 013		
CHTY - ST - ZIP					2.0	<u>ቀቀቀጋበር በበ</u>			

14. I do hereby certly that the information supplied with this firing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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