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

P95000038195 (0)

DOCUMENT # DAVIS INNOVATIONS, INC.

Principal Place of Business			Mailing Address						ANDE 78787 9	818 18181 B113 1881
6992 WILLO MELBOURN			6992 WILLOW COURT MELBOURNE FL 32905							
							3. Date Incorporated or Qualified 05/11/1995	3a. Date	of Last Re	eport
2. Principal Pla	ce of Business	2a. N 26					4. FEI Number 59-3512868)	1	Applied For Not Applicable
Suite, Apt. #	, etc.	27					5. Certificate of Status Desired		Fee F	Additional Required
City & State		28					Election Campaign Financing Trust Fund Contribution		Added	0 May Be d to Fees
Zip 24	Country Zip 25 29 9. Name and Address of Current Registered Age			Country 30			B. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	g. Name and Address of Curr	ent negiste	ieu Agein	81	Ţ	Name	ID. Hame and Address of No.	10310101001	390	
FLAVIN, THOMAS P					ı		dress (P.O. Box Number is Not Acceptable)			
1790 HIGHWAY A1A SUITE 206						***************************************				
	LITE BEACH FL 32937			84		City		FL		p Code
v registere familiar wit	ed agent, or both, in the State of Fk h, and accept the obligations of, Se	orida. Such d action 607.05	change was authoriz 505, Florida Statutes	ed by the corp		iration's board	ition submits this statement for the pu of directors. Thereby accept the app	rpose of cha ointment as	nging its r registered	registered office i agent. I am
	Signature, typed or printed name of registered as OFFICERS A			13.		ald resche rador por	ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
12.	OPENIA DONY 1/110	Acside.	oris of [1] DELETE	1 1 TOTALE			ADDITIONO DE MAZZO TO ON		Change	Addition
NAME	" Sandra 20 Boyet			1.2 NAME						
Grover Moures 2205 hady Brook			Lane # E			ADORESS				
CITY-\$1-ZP	Las Vegas, ne	2vadh	89107	1,4 CH Y-	51	- 71F				
TITLE	TREASURER. DELETE								Change	Addition
NAME	Donna L. Casa	vant	•	2.2 NAME						
STREET ADDRESS	6992 Willow 11) Olbou RAE,	Q:	32940	2.3 STREI						
City-ST-ZiP	1) O I DOW KNE	Karl 1	Ja440	2.4 CITY - 3. 1 TITLE		r-2(P		<u>.</u>	Change	☐ Addition
TITLE			E.J DECETE	3.2 NAME		r-				L.
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4 CiTY						
TITLE			DECETE	4. 1 TITLE	E			[Change	Addition
NAME				4.2 NAM	Ë					
STREET ADDRESS	ł			4.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP				4.4 CITY		T - 21P				F3 4339-
TITLE			DETELE	5. 1 TITL					Change	Addition
NAME				5.2 NAMI		ļ	3000018 -05/23/9601	<u>3</u> 71	23	
STREET ADDRESS						ADDRESS	-05/23/9601	0560	39	
CHTY-\$T-ZIP			f Delete	5.4 CITY		1-712	***200.00	······································	Change	Addition
TITLE			DELETE	6 1 111				,		•
NAME				6.2 NAM					5.	-1-96
STREET ADDRESS				6.3 STRE	٤ī	ADDRESS				ヘングヤー

14. Ido 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementa' 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 it changed, or on an attachment with an address.

6.4 C(TY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

Donna L. Casavant 4-15-96

407-544-7474

CR2E034 (12/95)