

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000014440 (7)

1. Corporation Name

DAVID'S INSTALLATIONS, INC.

Principal Place of Business

4810 S.W. 75TH AVE.  
MIAMI FL 33155

Mailing Address

4810 S.W. 75TH AVE.  
MIAMI FL 33155-4437

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

4. FEI Number

☒ 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

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GRONOWICH, DAVID  
4810 S.W. 75TH AVE.  
MIAMI FL 33155

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME GRONOWICH, DAVID  
STREET ADDRESS 5555 COLLINS AVE., #4-B  
CITY-ST-ZIP MIAMIA BEACH FL 33140

TITLE VSD ☐ DELETE

NAME GRONOWICH, ALIDA  
STREET ADDRESS 5555 COLLINS AVE., #4-B  
CITY-ST-ZIP MIAMIA BEACH FL 33140

TITLE ☐ DELETE

NAME FELIX RUANO SR.  
STREET ADDRESS 2755 SW 25 TER.  
CITY-ST-ZIP Miami, Fl. 33133

TITLE ☐ DELETE

NAME GILBERTO IGLESIAS SR.  
STREET ADDRESS 13855 SW 106th TER.  
CITY-ST-ZIP Miami, Fl. 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 300002150213--0  
1.4 CITY-ST-ZIP -04/22/97--01007-014  
\*\*\*\*\*165.00 \*\*\*\*\*165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 300002150213--0  
2.4 CITY-ST-ZIP -04/22/97--01007-015

3.1 TITLE \*\*\*\*\*8.75 \*\*\*\*\*8.75 ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

DAVID GRONOWICH 3-19-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0210226

FILED

97 APR 22 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)