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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027194 (5)

11900 BISCAYNE BLVD., #802

**MIAMI FL 33181** 

DAVIE VENTURE, INC.

Principal Place of Business Mailing Address  11900 BISCAYNE BLVD 11900 BISCAYNE BLVD SUITE 802 SUITE 802 MIAMI FL 33181 MIAMI FL 33181  2. Principal Place of Business 2a. Mailing Address					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/28/1996  4. FEI Number  Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0654390   Not Applicable   \$8.75 Additional
22]		27			6. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be     Trust Fund Contribution
Zip	Country	Zip	Count	ry	e, mid desposation eved of the part the carrent jobs mangions
24	25 9. Name and Address of Cu	rrent Registered Agent	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
ROSEN, ERROL				il N	
11900 BISCAYNE BLVD., #802 MIAMI FL 33181			-	2 S	Street Address (D.O. Day N. spheric Mat Accordable)
			l°	2 3	Street Address (P.O. Box Number is Not Acceptable)
			8	3	
			ā	4 0	City 85 Zip Code
			*	7	FL   FL   FL   FL   FL   FL   FL   FL
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 proved name of registered agent and title if applicable.  (NOTE Registered Agent algorithm registering)  DATE					
12.		AND DIRECTORS	TE Registered /	Qent si	perx eignature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	13. 11 lilu		The state of the s
NAME	KAPELOW, PAUL		1.2 NAM		
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		1.3 STRE	ET ADO	T ADDRESS
CITY-ST-ZIP	MIAMI FL 33181	,	1.4 CITY	- ST- ZI	ST- ZIP
TITLE	ASV	DELETE	2.1 TITLE		Change Addition
NAME	ROSEN, ERROL		2.2 NAM	E	
STREET ADDRESS	STREET ADDRESS 11900 BISCAYNE BLVD., #802		2.3 STRE	ET ADD	T ADDRESS
CITY-ST-ZIP			2. 4 C/T)	(-S)-Z	
TITLE	DS	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RROWN PETER		3 2 NAM	F	

14. I 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 impowered 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 of the corporation of the cor

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETÉ

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

4/24/98

1-305-892 8200

☐ Change

\_\_\_ Addition

\_\_\_ Addition

Addition

**FILED** 

May 08 1998 8:00am

Secretary of State