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

P96000029269 (3) DOCUMENT #

DAVIS DISTRIBUTING CO.

FILED Jan 23 1998 8:00am Secretary of State



		··	─{	PI
Principal Place of Business	Mailing Address			
3431 THOMAS ST	3431 THOMAS ST			
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
			04/03/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 3431 Thomas ST.	26 3H3/Thou	nest St.	65-0665137	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	Elizabet	6. Election Campaign Financing	\$5.00 May Be
23 Hottyward FLOWICH		g FLORIDIA	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30 Browarn	8. This corporation owes or has paid the o	
24 3302 (25 BROWAM)	29 3304	30 /5/10~/3/1)	Personal Property Tax due June 30.	Yes . No
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
ROBERT A. ARABIAN, P.A.		81 Name		
8333 W MCNAB RD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 220				
TAMARAC FL 33321		83		
		84 City		85 Zip Code
		<u> </u>	<u></u>	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	? and 607.1508, Florida Statute of Florida, Such change was a	is, the above-named corp uthorized by the corporati	oration submits this statement for the purpose on's board of directors. I bereby accept the a	of changing its registered population
agent. I am familiar with, and accept the obliga	lions of, Section 607.05 05 , Flo	rida Statutes.	,,,	
SIGNATURE				
Signature, typed or printed name of registered agen 12. OFFICERS AND		Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12. OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
IODIO IOCEONI A CO	PECENE	1.2 NAME		
DADA TUDANAD OT				
HOLLYWOOD EL 22024		1.3 STREET ADDRESS		
TITLE HOLLTWOOD FL 33021	DELETE	1.4 CITY - ST - ZIP 2.1 THILE		Change Addition
	Can Decemb	2.2 NAME		
NAME OVERTY ADDRESS		2.3 STREET ADDRESS	; ·	
STREET ADDRESS				
CITY-ST-ZIP TITLE	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
		3.1 MILE 3.2 NAME		
NAME PARTY ADDRESS		3.3 STREET ADDRESS		
STREET ADDRESS		B 1		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
		4.3 STREET ADDRESS		
STREET ADDRESS		4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	<u> </u>	5.2 NAME		<u> </u>
STREET ADDRESS		5.3 STREET ADDRESS		
		5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		• — · · - ·
		6.3 STREET ADDRESS		
STREET ADDRESS		i i		
CITY-ST-ZIP		6.4 CITY - ST - ZIP	Section 119.07(3)(i), Florida Statutes. I further	

Intereoy certify that the information supplied with this tiling 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 or an attachment with an address.