

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098689 (8)
 1. Corporation Name
DAVING INVESTMENTS (U.S.A.) INC.



Principal Place of Business 4134 GULF OF MEXICO DR SUITE 302 LONGBOAT KEY FL 34236	Mailing Address 4134 GULF OF MEXICO DR SUITE 302 LONGBOAT KEY FL 34228-2642
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2. Principal Place of Business 21 1958 IMPERIAL GOLF COURSE BLVD	2a. Mailing Address 26 1958 IMPERIAL GOLF COURSE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip 24 34110	Country 25 U.S.A.
	29 34110
	30 U.S.A.

3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
4. FEI Number 65-0722251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HERRING, DAVID R C
4134 GULF OF MEXICO DR
SUITE 302
LONGBOAT KEY FL 34236**

10. Name and Address of New Registered Agent

81 Name HERRING, DAVID R C
82 Street Address (P.O. Box Number is Not Acceptable) 1958 IMPERIAL GOLF COURSE BLVD
83
84 City NAPLES
85 Zip Code FL 34110

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: *David R C Herring* **DAVID R C HERRING** **APRIL 12 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P, S, T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, DAVID R C	1.2 NAME	HERRING, DAVID R C
STREET ADDRESS	4134 GULF OF MEXICO DR STE 302	1.3 STREET ADDRESS	1958 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D, HERRING, MICHELLE LISA
STREET ADDRESS		2.3 STREET ADDRESS	1958 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FL, 34110.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 R C Herring* **DAVID R C HERRING** **APRIL 12 1997 (941) 59205006**

CR2E034 (9/96)