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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Sacretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700001879 (0)

ALLEN DAVIS ACCOUNTING, INC.

Principal Place of Business Mailing Address 5 ISLAND AVENUE 5 ISLAND AVENUE SUITE 8E DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 01/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip « Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAVIS, ALLEN **5 ISLAND AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 8E 83 MIAMI BEACH FL 33139 84 City Zip Code 85 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change ___ Addition DAVIS, ALLEN NAME 1.2 NAME **5 ISLAND AVENUE, SUITE 8E** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 21 TITLE Change

> 2.2 NAME 2.3 STREET ADDRESS

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4, CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY - ST- 7IP 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 suppliemental enviral 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:

AUSINDAVIS

300672-5487

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADORESS

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CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Change

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FILED

May 12 1998 8:00am

Secretary of State