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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

THE LAW OFFICES OF DAVI		
Principal Place of Business	Mailing Address	
405 WEST AZEELE STREET TAMPA FL 33606	405 WEST AZEELE STREET TAMPA FL 33606	20.007

## Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90056 021 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
405 WEST AZE	ele street	405 WEST AZEELE STREET	Ī			
TAMPA FL 3360	06	TAMPA FL 33606				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						4 7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
						03/17/1997 4. FEI Number Applied For
2. Principal Pl	face of Business	2a. Mailing Address				
21		26				65-0742482 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired   \$8.75 Additional Fee Required
22	<u> </u>	_ 27				
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		-		10. Name and Address of New Registered Agent
555	DA) #D A			81	Name	
	, DAVID A			82	Street Add	Iress (P.O. Box Number is Not Acceptable)
	WEST AZEELE STREET				•	
TAM	PA FL 33606			83	_	
						Dr. Zin Codo
				84	City	FL 85 Zip Code
11 Dureuget	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	es the a	hove.	-named corr	poration submits this statement for the purpose of changing its registered
office or re	enistered agent, or both, in the State.	of Florida, Such change was at	uthorized	i by t	he corporati	ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Floa	rida Stati	utes.		
SIGNATURE						
<u> </u>	Signature, typed or printed name of registered ager			Agent	signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.			Change Addi
TITLE	DPST	☐ DELEYE	1 ; [[			
NAME	DEE, DAVID A		1 2 NA	AME		
STREET ADDRESS	405 WEST AZEELE STREET		1351	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		1 4 CI	TY-ST-	ZIP	
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NAME	DEE, DAVID A		2 2 NA	AME		
STREET ADDRESS	405 WEST AZEELE STREET		2351	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		2 4 C	ITY-ST	- ZIP	
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STREET ADDRESS			5381	REST	ADDRESS	
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NAME			4 2 N			
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S1REET ADDRESS			53\$1	REET	ADDRESS	
CITY-ST-ZIP				TY-ST-	- ZIP	
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NAME			62 N	AME		
STREET ADDRESS			6351	REET A	ADDRESS	
			El .	TY-ST-		
CITY-ST-ZIP	1		1 0 - 0	01-		

14. 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 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 of the receiver or trustee exposwered 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 of an attachment with an address, with all other like empowered.

SIGNATURE: