PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P97000030182 (4)

DOCUMENT #

2551 ROCK ISLAND ROAD #306

SIGNATURE:

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FILED Jan 16 1998 8:00am Secretary of State

DAVRON SOLUTIONS, INC.			
ncipal Place of Business	Mailing Address	-	

2551 ROCK ISLAND ROAD #306

MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1997 Principal Place of Business 37.50 /~/14 2a. Mailing Address Applied For 3750 GUNN HWY. 750 G-UNN Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent COREEN, DAVID 2551 ROCK ISLAND ROAD #306 MARGATE FL 33063 83 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp gration 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 agent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes. ectors, I hereby accept the appointment as registered SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PHONDA CORPEN DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME 350 GUNNSVIADE 1.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed on on an attact them twith an address.