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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700039111

1. Corporation Name

DAVIS & SCARBROUGH, INC.

							
Principal Place	e of Business	Mailing Address			- 4 1981/881 (18 18 11 18 18 18 18 88 11 88 11 88 11 88 11 88 11		
1351 NW 22ND ST. 1351 NW 22ND ST. POMPANO BEACH FL POMPANO BEACH FL							
	•				DO NOT WRITE IN THIS	SPACE	
•					3. Date Incorporated or Qualifed		}
					05/01/1997 4. FEI Number		lied For
	Place of Business	2a. Mailing Address			L .		Applicable
21		26 Suite, Apt. #, etc. Suite, Apt. #, etc			-65-0754129	\$8.75 A	
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Red	I
27		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		a. This corporation owes the current year in	tangible	
24	25	29	30		Personal Property Tax.		□No
.=.;1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent	
1			81	Name			1
SCARBROUGH, VIRGIL D			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		_
5969 5999 NW 75TH WAY		<u> </u>	<u> </u>				
PAR	KLAND FL 33067		83				
			84	City		85 Zip C	ode
				-	FL		
office or r	registered agent, or both, in the Stat	e of Florida. Such change was au	ithorized by	the corporation	ration submits this statement for the purpose of a's board of directors. I hereby accept the appo	t changing its i intment as reg	registered istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes	š.	• • • • • • • • • • • • • • • • • • • •		
SIGNATURE					when reinstating) DATE		
12	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: NOTE:	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	25 IN 12
12. 5	P	DELETE	1.1 TITLE		ADDITIONS/GIVANGES TO GITTIODING	Change	Addition
NAME :	SCARBROUGH, VIRGIL		1.2 NAME				
STREET ADDRESS	ASSA BRAL COLID OF						
CITY-ST-ZIP	POMPANO BEACH FL		1.3 STREE	TADDRESS			
TITLE			1.3 STREE	T ADDRESS ST-ZIP			
		DELETE				☐ Change	Addition
NAME	VST	DELETE	1.4 CITY-S			☐ Change	Addition
NAMÉ STREET ADDRESS	VST DAVIS, SCOTT	DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME			☐ Change	Addition
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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 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, with all other like empowered.

6.4 C/TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP