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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P9700064115

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90022 034 ***158.75

V-1-D-2-	OF DAVIE, INC.									
Principal Plac	e of Business	Mailing Address				1	i redisoni din 18113 ibasi nasii gotti ahisi 20111	#101 #1441 HSB1	1 11 591 9111 1991	
4961 SW 148TH AVE DAVIE FL 33330		3651 SW 116 AVE DAVIE FL 33330					DO NOT WRITE IN THIS	SPACE		
US						3.	Date Incorporated or Qualifed			l
					_		07/24/1997			l
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	<u> </u>	plied For	(
21		26				_	65-0695635		ot Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 / Fee Re		İ
City & State		City & State	City & State			-6.	Election Campaign Financing		May Be to Fees	
Zip	Country	Zip				8.	This corporation owes the current year in	tangible		}
24	25	29	30			ľ	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New Registered	Agent		ł
				81	Name					
	SES, RAYMOND M 1 SW 116 AVE			82	Street Addre	ss (P	P.O. Box Number is Not Acceptable)			
DAV	1E FL 33330		Ì	83						
			ļ	84	City		FL	•	Code	
l office or i	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Flonda. Such change was au gations of, Section 607.0505, Flori	tnorizea ida Statu	by ites.	me corporation	n s oc	n submits this statement for the purpose of oard of directors. I hereby accept the appo	intment as re	egistered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. 12 OFFICERS AND DIRECTORS 13.				Agent	signature required		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	g
TITLE	P	DELETE	1.1 TITLE				ADDITIONAL TO SET TO SE	Change	Addition	3
NAME	MOSES, RAYMOND M		: 1.2 NAME							3
STREET ADDRESS			1.3 STREET AD		ADDRESS					Ì
CITY-ST-ZIP	DAVIE FL 33330		1.4 CITY-S		r-ZIP					[2
TITLE	VP	DELETE	2.1 TITLE					Change	Addition	١ (
NAME	MOSES, BAIDWATTE		2.2 NAME							
STREET ADDRESS	3651 SW 116 AVE		2.3 STREET AC		ADDRESS					1
CITY-ST-ZIP	DAVIE FL 33330		2. 4 CITY-		T-ZIP					┨
TITLE	S	DELETE.	3.1 TITLE					☐ Change	Addition	
NAME	MOSES, RAMONA A		3.2 NAME			_			مرسمون المنامو	
STREET ADDRESS			3.3 STREET AD							
CITY-ST-ZIP	DAVIE FL 33330	[] proste	3.4, CITY-ST-ZIP		T- ZIP			☐ Change	Addition	
TITLE		☐ DELETE		4.1 TITLE				LJ Olidingo		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRE							
CITY-ST-ZIP		DELETE	4.4 CITY-ST-		I-ZIP			Change	Addition	1
TITLE		r ∩ Nere : E	5.1 TITLE 5.2 NAME					3ago		
NAME					ADDRESS					}
STREET ADDRESS	6			3 STREET ADDRESS 4 CITY-ST-ZIP						
CITY-ST-ZIP			6.4 CIT	V, 91	T. 7IP					ĺ
		[] DELETE			T-ZIP			Change	☐ Addition	
TITLE		☐ DELETE	6.1 TIT	LE	T-ZIP		<u> </u>	☐ Change	Addition	
NAME STREET ADDRESS		☐ DELETE	6.1 TIT 6.2 NA	LE ME	T-ZIP	_,		☐ Change	Addition	

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 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 off a attachment with an address, with all other like empowered.

SIGNATURE: