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

Mailing Address

88665 OVERSEAS HWY TAVERNIER FL 33070

**PROFIT** CORPORATION ANNUAL REPORT 2000



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

Principal Place of Business 88665 OVERSEAS HWY

TAVERNIER FL 33070

AUTHORIZED DAVITS, INC.

officer or director of the corporation or the Block 12 or Block 13 if ch

SIGNATURE:

00 MAY -4 AM 9: 15

SECRETARY OF STATE. TALEBAHASSEE. FLORIDA

3. Date Incorporated or Qualifed

4-18-00

305 664 960

DO NOT WRITE IN THIS SPACE

•				08/02/1991	
2. Principai P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0283788	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5, Certificate of diatos Desired	-Fee Required -
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24	25	29 3	10	Personal Property Tax.	ØYes □No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Regis	tered Agent
	UIT DICLIADO		81 Name		
	HT, RICHARD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	LISBON COURT			· · · · · · · · · · · · · · · · · · ·	
ISLA	MORADA FL 33036		83		
-		•			10-1-2-0-1
			84 City	•	FL 85 Zip Code
11, Pursuant t	to the provisions of Sections 607 0502 a	and 607 1508 Florida Statutes	the above-named cou	rporation submits this statement for the purpo	
<ul> <li>office or re</li> </ul>	egistered agent, or both, in the State of	Florida. Such change was autl	horized by the corporal	tion's board of directors. I hereby accept the	appointment as registered
agent. I ai	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	ta Statutes.		
SIGNATURE		ALCTE O	egistered Agent signature requi	Industrial colored Control	VIE
	Signature, typed or printed name of registered agent ar OFFICERS AND		<u> </u>	ADDITIONS/CHANGES TO OFFICE	
12.	PTS OFFICERS AND	DELETE	13. 1.1 TITLE	PTS	Change Addition
l		□ perrie	1,1 11145	LAILET OLCHAND	Q <b>3</b> -
NAME	HAIGHT, RICHARD		1.2 NAME	HAIGHT, RICHAND 18665 OVERSEAS HI	υ <b>Υ</b>
STREET ADDRESS	114 LISBON COURT		1.3 STREET ADDRESS	18665 OUR GETS	27121
CITY-ST-ZIP	ISLAMORADA FL			TAURNUIEN, FL 3	S O O O
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME .	50000325	597655 01094025
STREET ADDRESS			2.3 STREET ADDRESS	-05/19/00	i01094025
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	****150.	
TITLE		T DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	,	☐ Change ☐ Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	- L		5.2 NAME		7
STREET ADDRESS	· · ·	• •	5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CTTY- ST-ZIP		1
TITLE	·	DELETE : 1" -	61 TITLE		Change Addition
NAME	•	, <del>, , , , , , , , , , , , , , , , , , </del>	6.2 NAME		- <i></i> ·
[			6.3 STREET ADDRESS		1/12
STREET ADDRESS			6.4 CITY-ST-ZIP		KE
CITY-ST-ZIP	artify that the information supplied with	this filing does not qualify for th	<u> </u>	Section 119.07(3)(i), Florida Statutes. I furth	per certify that the information
indicated of	on this annual report or supplemental ar	nual report is true and accura-	ite and that my signatu	re shall have the same legal effect as if mad uired by Chapter 607, Florida Statutes; and	e under oath; that I am an

with all other like empowered.

DIRECTOR