## 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

## FILED Feb 22, 1999 8:00 am Secretary of State

ľ	1999	GOD WE IN	DI	IVISION OF CO	ORPORA	ATIONS	02-22-1999 9011	7 003 ***150	0.00
	MENT # S	76616				_, ,,,			
DAVIE G	LASS AND MIRE	ROR, INC.							
Principal Place	e of Business	1	Mailing Addr	ess					
8216 GRIFFIN F	ROAD		3216 GRIFFIN	ROAD				•	
SUITE 207			3UITE-207				DO NOT WRITE IN	U THE SBACE	
Davié Fl 33321   US	3		davië fl 333 JS	28			DO NOT WRITE IN  3. Date Incorporated or Qualifed	N IMIS SPACE	=
03		•	,0				08/27/1991		
2. Principal P	lace of Business	2	a. Mailing A	ddress			4. FEI Number		Applied For
21		26	7				65-0282661	<del>                                     </del>	Not Applicable
Suite, Apt.	#, etc.		Suite, Ap	t. #, etc.		<del></del>		\$8.7	5 Additional
22		27	7				5. Certifcate of Status Desired		Required
City & State	е		City & Sta	ate			6. Election Campaign Financing		<b>0</b> May Be
23		28					Trust Fund Contribution	Adde	d to Fees
Zip <b>24</b>	Coun [25]	ntry	Zip	3(	Count	try	<ol> <li>This corporation owes the current y Personal Property Tax.</li> </ol>	/ear Intangible ☐ Yes	□No
241		ress of Current Reg			, <del>0</del> 1		10. Name and Address of New Regis		
					1	81 Name			
	AN, VIRGINIA				  -	82 Street Add	iress (P.O. Box Number is Not Acceptable)		
-	GRIFFIN RD					, , , , , , , , , , , , , , , , , , , ,			
	E FL 33328				8	B3			
DAVI	E FL 33320				Ε	B4 City		85 Z	p Code
14 Primorphi	45 delene of C		207 4509 E	T-ride Statutes	- 450 ob/	named car	poration submits this statement for the purp	FL of changing	ita ragiotered
office or re	to the provisions of Se egistered agent, or bo	th, in the State of Flor	rida. Such ch	nange was auti	horized b	by the corporati	poration submits this statement for the purp- tion's board of directors. I hereby accept the	a appointment as	registered
	m farograf with, and ad	cept the obligations of	Section of	07.0505, Floria	da Statute	es.	1	-5.Q	<b>a</b>
SIGNATURE	Signature, typed or printed na	ame of registered agent and titl	le if applicable	(NOTE: R	Pagistered A	gent signature require	<u> </u>	<u>*</u>	<sub>1</sub>
12.					togionorda i t	gent algunature rucum	red when reinstating)	DATE	
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	HYLAN, VIRGINIA				13.	E	B)	RS AND DIREC	
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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 of 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 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.5.44 0

Daytime Phone #

CR2E034 (1