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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 4:14

DOCUMENT # **V05383** **(7)**

1. Corporation Name
BEVERLEY A. LINTON-DAVIS, P.A.

Principal Place of Business	Mailing Address
10021 PINES BLVD STE C 205 PEMBROKE PINES FL 33024	10021 PINES BLVD STE C 205 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10031 Pines Boulevard	26 10031 Pines Boulevard
Suite, Apt. #, etc. 22 Suite 234	Suite, Apt. #, etc. 27 Suite 234
City & State 23 Pembroke Pines FL	City & State 28 Pembroke Pines FL
Zip 24 33024 Country 25 USA	Zip 29 33024 Country 30 USA

4. FEI Number: 65-0316448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINTON-DAVIS BEVERELY A
10021 PINES BLVD
STE C 205
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: LINTON-DAVIS, BEVERLEY A.
82 Street Address (P.O. Box Number is Not Acceptable): 10031 Pines Boulevard
83 Suite 234
84 City: Pembroke Pines FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LINTON-DAVIS, BEVERLY A.	12 NAME	LINTON-DAVIS, BEVERLEY A.
STREET ADDRESS	~~10021 PINES BLVD STE C 205~~	13 STREET ADDRESS	10031 PINES BLVD STE 234
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 3, 1995 (305) 430-8050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
BEVERLEY A. LINTON-DAVIS

000700 CF