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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V70071

(8)

1. Corporation Name

DAVIES CONSULTING, INC.

Principal Place of Business

800 SW 113TH TER
PEMBROKE PINES FL 33025

Mailing Address

300 SW 113TH TER
PEMBROKE PINES FL 33025-3422

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 11214 PINES BLVD

27 SUITE 114

28 PEMBROKE PINES, FL

29 33026 30 BROWARD

4. FEI Number
65-0363290

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

CALLAHAN, JEFFREY R
700 S ROYAL POINCIANA BLVD
SUITE 502
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DAVIES, MARC E
STREET ADDRESS 300 SW 113TH TER
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE D
NAME DAVIES, CINDY R
STREET ADDRESS 300 SW 113TH TER
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OFFICER ☒ Change ☐ Addition
1.2 NAME DAVIES, MARC E
1.3 STREET ADDRESS 300 S.W. 113TH TERRACE
1.4 CITY-ST-ZIP PEMBROKE PINES, FL ☐ Change ☒ Addition

2.1 TITLE DIRECTOR
2.2 NAME GRACE DOWNEY
2.3 STREET ADDRESS 5979 NW 151ST STE 108
2.4 CITY-ST-ZIP MIAMI LAKES, FL 33014 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE

[Signature]

4/21/97 (10:11) 1997

CR2E034 (9/96)