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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
300 SW 113TH TER  
PEMBROKE PINES FL 33025

Mailing Address  
11214 PINES BLVD  
114  
PEMBROKE PINES FL 33026  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/09/1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 300 S.W. 113TH TERRACE

4. FEI Number  
65-0363290

Applied For  
Not Applicable

22 City & State

27 Suite, Apt. #, etc.

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

23 Zip

Country

28 PEMBROKE PINES, FL

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

24 Zip

Country

29 33025 30 BROWARD

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE  
NAME DAVIES, MARC E  
STREET ADDRESS 300 SW 113TH TER  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE  
NAME DAVIES, CINDY R  
STREET ADDRESS 300 SW 113TH TER  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE  
NAME DOWNEY, GRACE  
STREET ADDRESS 5979 NW 151 ST, 108  
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 on an attachment with an address.

SIGNATURE: [Signature] MARC DAVIES [Signature] CINDY DAVIES [Signature] GRACE DOWNEY [Signature] JEFFREY CALLAHAN

CR2E034 (10/97)