FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **345105** **(1)**

1. Corporation Name

D 3 C, INC.

Principal Place of Business	Mailing Address
11716 HIGHLAND PLACE CORAL SPRINGS FL 33071	11716 HIGHLAND PLACE CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **04/24/1969**
3a. Date of Last Report: **03/23/1995**

4. FEI Number: **59-1261851** ☐ 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

	2. Principal Place of Business	2a. Mailing Address
21/26	2055 CLASSIC DR	2055 CLASSIC DR
22/27	Suite, Apt. #, etc. CORAL SPRINGS FL	Suite, Apt. #, etc. CORAL SPRINGS F
23/28	City & State	City & State
24/29	Zip: 33071	Zip: 33071
25/30	Country: BROWARD	Country: BROWARD

9. Name and Address of Current Registered Agent

BOZIN, DANIEL M
11716 HIGHLAND PL
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2055 CLASSIC DRIVE
83
84 City: CORAL SPRINGS **FL** 85 Zip Code: 33076

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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] 3/18/96
Signature, Type or Print Name of Officer or Director of the Registered Agent — Registered Agent signature required before filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	BOZIN, DANIEL M		1.2 NAME		
STREET ADDRESS	11716 HIGHLAND PLACE		1.3 STREET ADDRESS	2055 CLASSIC DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VPST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BOZIN, CYNDY		2.2 NAME		
STREET ADDRESS	11716 HIGHLAND PL		2.3 STREET ADDRESS	2055 CLASSIC DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BOZIN, SOFIA		3.2 NAME		
STREET ADDRESS	842 FULTON AVENUE		3.3 STREET ADDRESS	7534 BARBEL DRIVE	
CITY-ST-ZIP	WAUKEGAN IL		3.4 CITY-ST-ZIP	GURNEE IL 60031	
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			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 3/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)