

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 01 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 # **H86566** (7)  
1. Corporation Name  
**DCS ENTERPRISES, INC.**



Principal Place of Business Mailing Address

~~1500 NW 40 ST  
SUITE 000  
FT. LAUDERDALE FL 33300  
US~~

~~PO BOX 24003  
P O BOX 24003  
FT. LAUDERDALE FL 33307  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/21/1985**

2. Principal Place of Business 2a. Mailing Address

21 **3347 N.W. 55<sup>th</sup> STREET** 26 **3347 N.W. 55<sup>th</sup> STREET**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **BLDG # 11** 27 **BLDG # 11**  
City & State City & State

23 **FT LAUDERDALE FL** 28 **FT LAUDERDALE FL**  
Zip Country Zip Country

24 **33309** 25 **USA** 29 **33309** 30

4. FEI Number **59-2699250** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

~~ALBRECHT, MARGARET D.  
1703 NORTHEAST 48 ST.  
OAKLAND PARK FL 33334~~

10. Name and Address of New Registered Agent

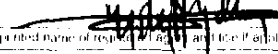
81 Name **ALBRECHT SYDNEY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1703 N.E 46<sup>th</sup> STREET**

83


84 City **OAKLAND PARK FL** 85 Zip Code **33334**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del>	1.1 TITLE	<b>UP S D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBRECHT, SYDNEY H.E.</b>	1.2 NAME	
STREET ADDRESS	<b>1703 NE 48TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ALBRECHT, MARGARET D.</del>	2.2 NAME	<b>BARANERA, MANUEL C.</b>
STREET ADDRESS	<del>1703 NE 48TH ST</del>	2.3 STREET ADDRESS	<b>3347 N.W. 55<sup>th</sup> STREET</b>
CITY-ST-ZIP	<del>OAKLAND PARK FL</del>	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>UP T D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>BARANERA, MANUEL V</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3347 N.W. 55<sup>th</sup> STREET</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in the attachment with an address

SIGNATURE:  **Albert Sydney** 4-17-98 954-346-7288

CR2E034 (1097)