

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000003002 (0)**

1. Corporation Name
D S GROUP, INC.

Principal Place of Business
**94 17TH AVE. SOUTH
LAKE WORTH FL 33460**

Mailing Address
**94 17TH AVE. SOUTH
LAKE WORTH FL 33460**

2. Principal Place of Business

2a. Mailing Address

21 **422 N. DIXIE HIGHWAY**

26 **422 N. DIXIE HIGHWAY**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **LAKE WORTH, FL**

28 **LAKE WORTH, FL**

24 **33460**

29 **33460**

30

3. Date Incorporated or Qualified

3a. Date of Last Report

01/05/1994

4. FEI Number

Applied For

05-0460947

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 a changing tax under S. 1202(a)(2), Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHENK, MICHAEL A
111 SANTA CRUZ AVE.
ROYAL PALM BEACH FL 33411**

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 obligation, Section 607.0505, Florida Statutes.

SIGNATURE: *Michael A. Schenk* **MICHAEL A. SCHENK Vice President**

4/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	DELLASTATIUS, KIMBERLY A
STREET ADDRESS	94 17TH AVE. SOUTH
CITY, ST, ZIP	LAKE WORTH FL 33460
TITLE	VT
NAME	SCHENK, MICHAEL A
STREET ADDRESS	111 SANTA CRUZ AVE.
CITY, ST, ZIP	ROYAL PALM BEACH FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
43 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 NAME	
45 STREET ADDRESS	
46 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my resignation 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: *Michael A. Schenk* **MICHAEL A. SCHENK Vice President** **4/18/95 (407) 582-5655**

(APPROVED AND FILED)

95 MAY -1 AM 10:15

REMITTED BY MAY 1
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE