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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P9400003002 (0)

D S GF	ROUP, INC.				
Principal Place of Business 422 N DIXIE HWY LAKE WORTH FL 33460		Mailing Address 422 N DIXIE HWY LAKE WORTH FL 33460			. BBLILL BBANC BBAND BANAN BBANC ARRI ADDA
US		US		3. Date incorporated or Qualified 01/05/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0460947	Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Ba
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip min	Country	8. This corporation has liability for	
24	9. Name and Address of Curren	29	30	Florida Statutes Yes 10. Name and Address of New I	Registered Agent
	3. Name and Address of Cutter	r negistereo Agent	B1 Name	To Halle glid Address of New 1	Tegratoreo Agent
SCHENK	K, MICHAEL A		eo Ctroot	Address (P.O. Box Number is Not Acceptal	ala
	ITA CRUZ AVE.		82 Street	Address (P.O. Box Number is Not Acceptal	one)
	PALM BEACH FL 33411		83		
			84 City		■ 85 Zip Gode
			J. Oily		FL [3]
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Scoti	Such change was authori	zed by the corporation's	prioration submits this statement for the purboard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE .					
12.	Signature, typed or printed had elich tegel tee- Lage in OFFICERS AND	anthological (N YDRECTORS	عE Registracid Agent signatura n ■ 13.		TIATE FICERS AND DIRECTORS IN 12
TITLE	PS	DEFFE	1.17/[[6	<u> </u>	Change Addition
NAME	DELLASTATIOUS, KIMBERLY	Α	1.2 NAME		
STREET ADDRESS	94 17TH AVE. SOUTH		1.3 STREET ADORESS		
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY - ST - ZIP		
TITLE	VT	DELETE	2 1 TITLE		Change C Addition
NAME	SCHENK, MICHAEL A		2.2 NAME		
STREET ADDRESS	111 SANTA CRUZ AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH FL 334		2.4 C+TY - ST - Z+P		Change C Addition
TITLE		☐ DELETE	3 1 T TLF 3 2 NAME		Charge Addition
NAME STREET ADDRESS			33 STREET ADDRESS		
DITY-ST-ZIP			34 C TY - ST - Z-P		
TITLE		DELETÉ	4 1 Ti'LE		Change Addit on
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY - ST - ZIP			4.4 CITY - S1 - 7IP		
TITLE		☐ DELETE	5 1 THILE		Change 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEE! ADDRESS		
CITY - ST - ZIP		☐ nerete	5.4 C(TV - \$1 - 7)P		Change Addition
THILE		DELETE	6 1 TITLE		changs Mud dut.
NAME .			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	y certify that the information supraised y	with this form is voluntarily for	# 64 CHY-ST 7IP	I	07/3//k) Florida Statutes Horther

rido neredy certify that the information supplied with this fining is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(k). 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 trusted 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 amy littachment with an address.

SIGNATURE: MICHAEL A. SCHENK 4/30/96 (401)582-5655