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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Sete DIVISION OF CORPORATIONS

1996

P95000015275 (7) DOCUMENT # 1. Corporation Name

DPX, INC	) •				
Principal Place of	Business	Mailing Address			
3802 EHRLICH RD. SUITE 209 TAMPA FL 33624		3802 EHRLICH RD. SUITE 209 TAMPA FL 33624			
	`	TORK A TE SOCE		3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1995	
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-329 G628 Not Applicat	ale
Suite, Apt #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired \$8.75 Additional	-
22		27		Fee Hequired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
<b>23</b> Zip	Country	28 Zio	Country	Added to Fees	
24	25	29	30]	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of C		1901	10. Name and Address of New Registered Agent	
			81 Name		
RABIN, JEF	FREY		00	KABLN, SEPPICEY E.	
3802 EHRL			82 Street	Aridress (P.O. Box Number is Not Acceptable)  Onive  Onive	
SUITE 209			83	7 270 1111111111111111111111111111111111	
TAMPA FL	33624				
) <b>.</b>			84 City	LUTZ FL BS 33C 49	
11. Pursuant to t	the provisions of Sections 60	7,0502 and 607,1508, Florida St	at ites, the above named or	organization submits this statement for the purpose of changing its registered off	fice
or registered familiar with,	iagentainr both, in the State c	of Florida. Such change was auth f. S <b>e</b> ction 607.0505, Florida Stat	ior zed by the corporation's	s board of directors. Thereby accept the appointment as registered agent. Lam	
SIGNATURE	MILV		(Addes	( Change Only) 4/15/91	
Sid	¥	o caperta ditSerace acce	iNOTE. Flagoteren Agost signaf ir c	requires when recletaring DATE	• •
12.	OFFICER	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1 17 JUE	Change Addition	١
NAME			1.2 NAME	Mann, Scott D.	
STREET ADDRESS			1.3 STREET ADDRESS	703 Carlsplatz Ct.	
CITY-ST-ZIP	······································	CT DECER	1.4 C(TY - S1 - 7)F	Lutz, 71 33549	
TETLE		C DELETE	2 1 TIFLE	Change X Addition	ñ
NAME			2.2 NAME	Rabin, Jettraly K.	
STREET ADDRESS			2.3 STREET ADDRESS	4316 Hawks Nest Drive	
CITY-ST-712 TITLE	- W. J. 17. Bull	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change Addition	
NAME		L Occert	3.2 NAME		'
STREET ADDRESS			3.3 STREET ADDRESS		
011Y-51-ZIP			3.4 City - St - ZIP		
TITLE		☐ DELETE	4 1 TITLE	Change Addition	
NAME		<b></b> -1	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZI2			4.4 CITY - SJ - ZJP	800001825398	
MILE		DELETE	5 1 DICE	600001825396 -05/16/9601114011Athange	
NAME			5.2 NAME	***200.00	
STREET ADDRESS			5.3 STREET ADDRESS	, \$	
CITY - ST - ZIP			5.4 CITY+S1 - ZIP	2	
TITLE		DELETE	6 1 HILE	Change Addition	n
NAME		-	6.2 NAME	E	
STREET ADORESS			6.3 STREET ADDRESS	200	
CITY-ST-ZIP			64 CITY - ST - ZIP	4.	
	ertify that the information sur-	ofted with this flipp is voluntarily		alify for the exemption stated in Section 119 07(3)(v). Florida Statutes, Lifuther	

recommency certify that the information supplies with this range is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(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 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: \_\_

Sutt Mann SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (813) 968-5091

CR2E034 (12/95)