SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 379167

(0)

APPROVED AND

97 JUL 21 AM 8: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEALERS SERVICE PRODUCTS, INC.					
					## ###################################
Principal Plac	a of Business	Mailing Address	·		
2040 NW 40TI		P. O. BOX 23656			
1786 S. E. 37 ST. OAKLAND PARK FL 33307					
OAKLAND PARK FL 33334 US					E IN THIS SPACE
US				3. Date Incorporated or Qualified	3a. Date of Last Report
a b 3-4-16	N			03/24/1971	01/22/1996
	Place of Business	2n. Mailing Address		4. FET Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1351755	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	- · - · ·
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	· · · · ·
PAL	MER, CHARLES M		B1 Name		
1760 NE ADNID CT				ress (P.O. Box Number is Not Acceptat	hla)
OAKLAND PARK FL 33334			OZ SIGGI AGG	tens (F.O. DOX Multiple) is Not Mecopial	ле)
			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eight, 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 family with and acoppt the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Solvante V	[Toleway		راد کا در استان کا در استا	L, 18 1997
12.	orginature, typical or printed name of registured to		Registered Agent signature requi		0-11
TITLE	DEFICERS P	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	PALMER, CHARLES M		1.2 NAME		Change (Addition
STREET ADDRESS	1768 NE 37TH STREET		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY - \$1 - 7IP		
TOLE	ST	DELETE	2 1 TITLE		Change Addition
NAME	PALMER, CHARLES M.		2.2 NAME		
STREET ADDRESS	1786 NE 37TH STREET		2 3 STREET AMORESS	5000023	Pacopelle
CITY-ST-ZIP	OAKLAND PARK FL		2 4 City-S1-7IP	-07/24	79701079020
TITLE		DELETE	31 11TLF •	****[2468255 /9701079020 55.00 D****165.00
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y+S1-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIF		1
TITLE		DELETE	5.1 TIRE	^	Change Addition
NAME			5.2 NAME	N/2 3/23	į
STREET ADDRESS			5.3 STREET ADDRESS	1 4122	
CITY-ST-ZIP			5.4 CHY-ST-ZIP	V	
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STHEFT ADDRESS		1
CITY-ST-ZIP			6.4 CHY-ST-ZIP		

14. I do 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in hanged, or on an attachment with an address.