

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:42

DOCUMENT # **556749** (0)

1. Corporation Name
DAWES INVESTMENT SERVICE, INC.

Principal Place of Business Mailing Address
900 S. US HWY ONE, STE. 207 **900 S. US HWY ONE, STE. 207**
JUPITER FL 33477 **JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1977** 3a. Date of Last Report **03/28/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1789191		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUNSHINE, RICHARD C. 900 S. US HWY ONE, STE. 207 JUPITER FL 33477				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				FL			

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTYN, CHARLES P III	12 NAME	
STREET ADDRESS	5332 PENNOCK PT RD	13 STREET ADDRESS	
CITY ST ZIP	JUPITER, FL 00000	14 CITY ST ZIP	33458
TITLE	CD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWES, BEMAN G	22 NAME	
STREET ADDRESS	22200 INDIA LANE	23 STREET ADDRESS	
CITY ST ZIP	ONANCOCK, VA 00000	24 CITY ST ZIP	23417
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNSHINE, RICHARD C.	32 NAME	
STREET ADDRESS	200 WATERWAY RD #304	33 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL	34 CITY ST ZIP	33469
TITLE	STD	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWES, WILLIAM G	42 NAME	
STREET ADDRESS	600 WEST 111TH ST 6E	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	10025
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 noted in Section 119.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard C. Sunshine* **Richard C. Sunshine** 1/11/95 407-747-0896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR