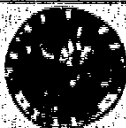


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741750

(4)

1. Corporation Name

DEAF SERVICE'S BUREAU, INC.

Principal Place of Business

Mailing Address

900 S. DADELAND BLVD
SUITE #104
MIAMI FL 33156
US

9100 S. DADELAND BLVD
SUITE #104
MIAMI FL 33056
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1978

3a. Date of Last Report

06/13/1994

4. FEI Number

59-1872983

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under G. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODGERS, CECIL M.
7451 PLANTATION RD.
PLANTATION FL 33117

81 Name

ROTH C. DURKEE

82 Street Address (P.O. Box Number is Not Acceptable)

400 SW 2 AVENUE

83 Miami, FL 33130

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(If filer is Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
RODGERS, CECIL M.
7451 PLANTATION RD.
PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D. President
DURKEE RUTH C.
400 SW 2 AVENUE
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SUGARMAN, MANFRED
8500 SW 45TH ST.
MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D. Vice President
DOUGHTY MARK
848 BEICKMAN AVE #1100
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
FREYRE, SUZANNE P.
8840 SW 97TH TERR.
MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D. Secretary
CARVALHO TRIS D.
7715 SW 26th ST APT 309
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MCOUTTER, DEBORAH
6911 MAIN ST., #1177
MIAMI LAKES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Executive Director
STEPHEN D. BAIL
9100 S. Dadeland Blvd # 84
MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

STEPHEN BAIL

1-81-95

305
670-9099