FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000249 (2)**

1. Corporation Name
DFS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 549 WHEATLEY HEIGHTS NY 11798	P.O. BOX 549 WHEATLEY HEIGHTS NY 11798

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7151 LAKE ELLENOR DR.
22: Suite, Apt. #, etc.
23: ORLANDO FLORIDA
24: Zip 32809
25: Country

2a. Mailing Address
26: 7151 LAKE ELLENOR DR.
27: Suite, Apt. #, etc.
28: ORLANDO FLORIDA
29: Zip 32809
30: Country

4. FEI Number: 11-3139424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MESHOVER, STEPHEN
7151 LAKE ELLENOR DR.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title of authorization (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MESHOVER, STEPHEN	12 NAME	
STREET ADDRESS	7151 LAKE ELLENOR DR.	13 STREET ADDRESS	
CITY-ST ZIP	ORLANDO FL 32809	14 CITY-ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MURRAY, THOMAS	22 NAME	
STREET ADDRESS	43 REGINA RD.	23 STREET ADDRESS	
CITY-ST ZIP	FARMINGDALE NY 11735	24 CITY-ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PATRICK, JOSEPH	32 NAME	
STREET ADDRESS	FARNHAM TRADING ESTATE	33 STREET ADDRESS	
CITY-ST ZIP	FARNHAM, SURREY ENGLAND	34 CITY-ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, MICHAEL	42 NAME	
STREET ADDRESS	FARNHAM TRADING ESTATE	43 STREET ADDRESS	
CITY-ST ZIP	FARNHAM, SURREY ENGLAND	44 CITY-ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST ZIP		54 CITY-ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: _____ STEPHEN MESHOVER 1/24/95 407-858-9848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470848 FP