

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 PM 4:09

DOCUMENT # **F94000001475 (2)**

1. Corporation Name
D.A.S.I., INC.

Principal Place of Business Mailing Address
277 COON RAPIDS BLVD SUITE 209 COON RAPIDS MN 55433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

22 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **41-1389763** 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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 607.0503 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 agent)

(Signature of Registered Agent (signature required after registration))

(Date)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PD |
| NAME | ZUREK, KATHLEEN J |
| STREET ADDRESS | 277 COON RAPIDS BLVD, SUITE 209 |
| CITY, ST, ZIP | COON RAPIDS MN |
| TITLE | STD |
| NAME | ZUREK, ROBERT A |
| STREET ADDRESS | 277 COON RAPIDS BLVD, SUITE 209 |
| CITY, ST, ZIP | COON RAPIDS MN |
| TITLE | V |
| NAME | GALLAGHER, SALLY |
| STREET ADDRESS | 277 COON RAPIDS BLVD, SUITE 209 |
| CITY, ST, ZIP | COON RAPIDS MN |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 11.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.2 NAME | |
| 11.3 STREET ADDRESS | |
| 11.4 CITY, ST, ZIP | |
| 12.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME | |
| 12.3 STREET ADDRESS | |
| 12.4 CITY, ST, ZIP | |
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY, ST, ZIP | |
| 14.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14.2 NAME | |
| 14.3 STREET ADDRESS | |
| 14.4 CITY, ST, ZIP | |
| 15.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15.2 NAME | |
| 15.3 STREET ADDRESS | |
| 15.4 CITY, ST, ZIP | |
| 16.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16.2 NAME | |
| 16.3 STREET ADDRESS | |
| 16.4 CITY, ST, ZIP | |

14. I do hereby certify that the information required upon this filing is accurately furnished and does not qualify for the exemption stated in Sections 119.037(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, 14, 15, or 16, or on any other block with annotations.

SIGNATURE:

Kathleen J. Zurek
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Kathleen J. Zurek

1/13/95 612 753 1242
Date Registered