## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F94000004171

1. Corporation Name

DSC TECHNICAL SERVICES, INCORPORATED

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90066 040 \*\*\*158.75



Principal Place	e of Business	Mailing Address			
3904 BLUE FOX WAY 3904 BLUE FOX WAY					
VALRICO FL 33594		VALRICO FL 33594			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/11/1994
2 Principal Pi	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21	26				43-1335035 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax.
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent		-1	10. Name and Address of New Registered Agent
	NEV ID DAN O		8	1 Name	
COOLEY JR, DAN S			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)
3904 BLUE FOX WAY			L		
VALI	RICO FL 33594-7263		8:	3	
			8-	4 City	85 Zip Code
			- 1	_ ·	rporation submits this statement for the purpose of changing its registered
SIGNATURE	m familiar with, and accept the oblig				ired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOLEY JR, DAN S		1.2 NAME	:	
STREET ADDRESS	3904 BLUE FOX WAY		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	VALRICO FL		1,4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOLEY, MARLEA C		2.2 NAME		
STREET ADDRESS	3904 BLUE FOX WAY		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	VALRICO FL 2 4 G		2 4 CITY	-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	:	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
City-St-ZIP			3.4. CITY		
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-		
TITLE		☐ DELETE	5.1 TITLE	I .	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE	ł	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS				ET ADDRESS	
	l		E CACITY	CT. 7ID	

14. Thereby 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 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, with all other like empowered.