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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # G66113 1. Corporation Name D. R. S. PROPERTIES, INC. Principal Place of Business B85 BRISBANE STREET N.E. PALM BAY FL 32807 DIVISION OF CORPORATIONS (3) Mailing Address B85 BRISBANE STREET N.E. PALM BAY FL 32807-1822								
					3. Date Incorporated or Qualified 10/24/1983	3a. Di	ate of Last Re 03/1996	port
· ·	lace of Business	2a. Mailing Address	***************************************		4. FEI Number 59-2357630			plied For
Suite, Apt	#, etc	26 Suite, Apt. #, etc. 27			5. Certificate of Status Desired	Į.	\$8.75 A	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be
7(f) 24	Country 25		Country 30] Yes [No	199.032,
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Ro	gistered	Agent	
EVANS, DONALD 895 BRISBANE ST. NE PALM BAY FL 32907			82		lress (P.O. Box Number is Not Accepta	ble)		
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	84 s, the above	City -named cor	poration submits this statement for the	FL purpose o	85 Zip C	į
office of ragent. La	egistorical agent, or both, in the State in familiar with, and accept the obligation of the state of the stat				poration submits this statement for the tion's board of directors. I hereby acce ired when reinstating)	DATE	ongrient as	registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TULLE NAME	VD EVANS, CAROL	⊠ DELETE	1.1 TITLE 1.2 NAME	1	P.S.D. Donald Evans		Change	Addition
STREET ADDRESS	895 BRISBANE ST. NE		1.3 STREET		895 Brisbane St. 1			
CHY-SI-ZIP TIFLE	PALM BAY FL	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	Palm Bay, Fl 329	07	Change	Addition
NAME			2.2 NAME] .			ve.igo	
STREET ADDRESS			2 3 STREET	ADDRESS				
CITY-SI-ZIP			2. 4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME	-	:		L Change	Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		1		
CITY-ST ZIF			3.4. CITY - S	1				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					ļ
CITY - ST - ZIF TITLE		☐ DELETE	4.4 CHTY-S 5.1 TITLE	T-ZIP			Change	Addition
NAME			5.2 NAME		· .			
STREET ADDRESS			5.3 STAEET	ADDRESS				
CITY+ST-ZIP			5.4 CITY - S	T-ZIP				
Trile		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME)
STREET ADDRESS			6.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP

14. I do hereby 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 12-6

SIGNATURE

FILED

May 15 1997 8:00am

Secretary of State

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