

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H86566

(7)

1. Corporation Name

DCS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1101 N.E. 34TH CT.  
P O BOX 24803  
FT. LAUDERDALE FL 33334  
US

1101 N.E. 34TH CT.  
P O BOX 24803  
FT. LAUDERDALE FL 33334  
US

2. Principal Place of Business

2a. Mailing Address

21 1500NW 49 ST

26 P.O. BOX 24803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 606

27

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

Zip

Country

Zip

Country

24 33309

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29 33307

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRECHT, MARGARET D.  
1703 NORTHEAST 46 ST.  
OAKLAND PARK FL 33334

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

Signature of type 1 corporation, officer, director, registered agent and if applicable

(If type 1 Registered Agent, signature required when interested party)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALBRECHT, SYDNEY H.E.  
STREET ADDRESS 1703 NE 46TH ST  
CITY-ST-ZIP OAKLAND PARK FL. 33334

TITLE STD  
NAME ALBRECHT, MARGARET D.  
STREET ADDRESS 1703 NE 46TH ST  
CITY-ST-ZIP OAKLAND PARK FL. 33334

TITLE  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 TITLE  
15 NAME  
16 STREET ADDRESS  
17 CITY-ST-ZIP

18 CITY-ST-ZIP

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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 617, 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

SYDNEY H.E. ALBRECHT

6/24/96 (954) 49/8818

CR2E034 (3/96)