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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

~~4500 NW 40 ST~~

~~SUITE 600~~

~~FT. LAUDERDALE FL 33309~~

~~US~~

Mailing Address

~~PO BOX 24603~~

~~PO BOX 24603~~

~~FT. LAUDERDALE FL 33307~~

~~US~~

2. Principal Place of Business

21 3347 N.W. 55th STREET

Suite, Apt. #, etc.

22 Bldg # 11

City & State

23 FT LAUDERDALE FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 3347 N.W. 55th STREET

Suite, Apt. #, etc.

27 Bldg # 11

City & State

28 FT LAUDERDALE FL

Zip

29 33309

Country

30

9. Name and Address of Current Registered Agent

~~ALBRECHT, MARGARET D.~~

1703 NORTHEAST 46 ST.

OAKLAND PARK FL 33334

3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

59-2699250

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

ALBRECHT SYDNEY

82 Street Address (P.O. Box Number is Not Acceptable)

1703 N.E. 46th STREET

83

84 City

OAKLAND PARK FL

85 Zip Code

33334

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, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE

NAME ALBRECHT, SYDNEY H.E.

STREET ADDRESS 1703 NE 46TH ST

CITY-ST-ZIP OAKLAND PARK FL

TITLE ~~STD~~ ☒ DELETE

NAME ~~ALBRECHT, MARGARET D.~~

STREET ADDRESS ~~1703 NE 46TH ST~~

CITY-ST-ZIP ~~OAKLAND PARK FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE UP S D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE UP T D ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or in an attachment with an address

SIGNATURE:

[Signature] Albert Sydney

4-17-98 954-346-7288

CR2E034 (1097)