

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J41319

(1)

1. Corporation Name  
DAPIX, INC.

Principal Place of Business  
5656 CORPORATE WAY  
W PALM BCH FL 33407

Mailing Address  
5656 CORPORATE WAY  
W PALM BCH FL 33407-2002



3. Date Incorporated or Qualified  
10/20/1986

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21. 5601 CORPORATE WAY

Suite, Apt. #, etc.

22. Suite 320

City & State

23. Zip Country

24. Zip Country

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4. FEI Number  
59-2726743

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BENJAMIN, DAVID  
5656 CORPORATE WAY  
W PALM BCH FL 33407

10. Name and Address of New Registered Agent

81. Name

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

83. City

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

David Benjamin

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
BENJAMIN, DAVID  
STREET ADDRESS  
5656 CORPORATE WAY  
CITY-ST-ZIP  
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME  
DVT  
PAXTON, PAX  
STREET ADDRESS  
5656 CORPORATE WAY  
CITY-ST-ZIP  
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME  
DV  
LAFFERTY, PERRI  
STREET ADDRESS  
5656 CORPORATE WAY  
CITY-ST-ZIP  
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Perri Lafferty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0288852

CR2E034 (9/96)