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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K22276** **(5)**

1. Corporation Name
DBG CAPITAL CORPORATION

Principal Place of Business	Mailing Address
1500 CORPORATE WAY #203 WELLINGTON FL 33414	1500 CORPORATE WAY #203 WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1988
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21 1200 CORPORATE CTR WAY
22 Suite, Apt. #, etc. #100
23 City & State: WEST PALM BEACH FL
24 Zip: 33414
25 Country: PALM BCH

2a. Mailing Address
26 1200 CORPORATE CTR WAY
27 Suite, Apt. #, etc. #100
28 City & State: WEST PALM BCH FL
29 Zip: 33414
30 Country: PALM BCH

4. FEI Number: 65-0053864 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JURAN, LAWRENCE B.
2255 GLADES ROAD
#300E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SANDS, DONALD A.	1.2 NAME	
STREET ADDRESS	1500 CORPORATE CTR WAY	1.3 STREET ADDRESS	1200 CORPORATE CTR WAY #100
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	WEST PALM BCH FL 33414
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RENDINA, BRUCE A.	2.2 NAME	
STREET ADDRESS	1500 CORPORATE CTR WAY	2.3 STREET ADDRESS	1200 CORPORATE CTR WAY #100
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	WEST PALM BCH FL 33414
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Donald A. Sands Donald A. Sands, President DATE 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)

0438060 FP