

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:49

DOCUMENT # L87003

(4)

1. Corporation Name
DSK-OPH, INC.

Principal Place of Business
500 E BROWARD BLVD, SUITE 1950
FT LAUDERDALE FL 33394

Mailing Address
500 E BROWARD BLVD, SUITE 1950
FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

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3. Date Incorporated or Qualified
07/11/1990

3a. Date of Last Report
03/22/1994

4. FBI Number

65-0202239

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. 109.032,
Florida Statutes

☐ Yes

☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADLER, MITCHELL D. ESQUIRE
MOMBACH, BOYLE AND HARDIN, PA
500 EAST BROWARD BLVD, SUITE 1950
FT LAUDERDALE FL 33394

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

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KAMELHAIR, STEVEN R
STREET ADDRESS	7260 SW 7TH ST
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	NEMEROFKY, STEPHEN L
STREET ADDRESS	6121 BANYON TERR
CITY-ST-ZIP	PLANTATION FL
TITLE	D
NAME	ROLNICK, AUDIE M
STREET ADDRESS	2925 MEADOW LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes; and that my name appears in Block 12 of this filing if changed, or on an attachment with an address.

SIGNATURE:

Steven R. Kamelhair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95 (305) 747-4924