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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L97858** (9)

1. Corporation Name

**DDS ARCHITECTS, INC.**



Principal Place of Business

**1109 EAST LAS OLAS BLVD.  
STE. 5  
FT. LAUDERDALE FL 33301  
US**

Mailing Address

**1109 E. LAS OLAS BLVD.  
STE. 5  
FT. LAUDERDALE FL 33301  
US**

3. Date Incorporated or Qualified

**08/21/1990**

3a. Date of Last Report

**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

**21 7860 PETERS RD.**

**26 7860 PETERS RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 F-111**

**27 F-111**

City & State

City & State

**23 PLANTATION, FL.**

**28 PLANTATION, FL.**

Zip

Country

Zip

Country

**24 33324**

**25 USA**

**29 33324**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAZYK, ERIC T.  
441 NW 103RD TERRACE  
PEMBROKE PINES FL 33028**

81 Name

**ERIC T. SLAZYK**

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

**716 N.W. 177TH AVENUE**

83

84 City

**PLANTATION**

FL

85 Zip Code

**33029**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
SLAZYK, ERIC T.  
441 NW 103RD TERRACE  
PEMBROKE PINES FL**

TITLE ☐ DELETE

**VS  
DEDON, ROBIN R  
3760 NW 113TH AVE  
SUNRISE FL**

TITLE ☒ DELETE

**S  
DEDON, RO  
44  
UUU 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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition

**P/T  
ERIC T. SLAZYK  
716 N.W. 177TH AVENUE  
PEMBROKE PINES, FL. 33029**

2 1 TITLE ☐ Change ☐ Addition

**22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP**

3 1 TITLE ☐ Change ☐ Addition

**32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP**

4 1 TITLE ☐ Change ☐ Addition

**42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP**

5 1 TITLE ☐ Change ☐ Addition

**52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP**

6 1 TITLE ☐ Change ☐ Addition

**62 NAME  
63 STREET ADDRESS  
64 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)(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 incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/96 (954)474-1177**

Date

Daytime Phone #

CR2E034 (12/95)