


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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M84759 (3)</b>					
1. Corporation Name <b>D.T.S. COMMERCIAL INTERIORS, INC.</b>					
Principal Place of Business <b>4420 INDEPENDENCE CT. 1550 RINGLING BLVD. SARASOTA FL 34234 US</b>			Mailing Address <b>C/O JAMES L. TURNER 4420 INDEPENDENCE CT. SARASOTA FL 34234-4727 US</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country			2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		
3. Date Incorporated or Qualified <b>06/09/1988</b>			3a. Date of Last Report <b>05/01/1996</b>		
4. FEI Number <b>65-0068199</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>TURNER, JAMES L. 1550 RINGLING BLVD. SARASOTA FL 34236</b>			10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	KOFER, CHRISTIAN C.		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4420 INDEPENDENCE COURT		1.2 NAME		
CITY- ST- ZIP	SARASOTA FL		1.3 STREET ADDRESS		
TITLE	VST	<input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP		
NAME	KOFER, CAROLYN		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4420 INDEPENDENCE CT		2.2 NAME		
CITY- ST- ZIP	SARASOTA FL		2.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOFER, CAROLYN		3.1 TITLE		
STREET ADDRESS	4420 INDEPENDENCE CT		3.2 NAME		
CITY- ST- ZIP	SARASOTA FL		3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.1 TITLE		
STREET ADDRESS			4.2 NAME		
CITY- ST- ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY- ST- ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY- ST- ZIP			6.3 STREET ADDRESS		
			6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carolyn Kofler</u> <b>CAROLYN KOFER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E034 (9/96)