

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **M84759** (3)

1. Corporation Name  
**D.T.S. COMMERCIAL INTERIORS, INC.**

Principal Place of Business

**4420 INDEPENDENCE CT.  
1550 RINGLING BLVD.  
SARASOTA FL 34234  
US**

Mailing Address

**C/O JAMES L. TURNER  
4420 INDEPENDENCE CT.  
SARASOTA FL 34234  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>4420 Independence Court</b>		26 <b>4420 Independence Court</b>		06/09/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0068199	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Sarasota, FL</b>		28 <b>Sarasota, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>34234</b>		29 <b>34234</b>		30 <b>US</b>	
Country		Country			
25 <b>US</b>		30 <b>US</b>			

9. Name and Address of Current Registered Agent

**TURNER, JAMES L.  
1550 RINGLING BLVD.  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	<b>Robert W. Darnell</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2033 Main Street #400</b>	
83		
84 City	<b>Sarasota</b>	85 Zip Code <b>34237</b>

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 name of registered agent and title if applicable

**Robert W. Darnell**

**4/28/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PO</b>	<b>KOFLER, CHRISTIAN C.</b>	<b>4420 INDEPENDENCE COURT</b>				
		<b>SARASOTA FL</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>VST</b>	<b>KOFLER, CAROLYN</b>	<b>4420 INDEPENDENCE CT</b>				
		<b>SARASOTA FL</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>D</b>	<b>KOFLER, CAROLYN</b>	<b>4420 INDEPENDENCE CT</b>				
		<b>SARASOTA FL</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: **Carolyn Kofler** **CAROLYN KOFLER**

**4/24/98** (941) 351-7771

CR2E034 (10/97)