FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48062** **(6)**

1. Corporation Name
DADS ON CAMPUS, INC.

Principal Place of Business	Mailing Address
19801 NW 33 AVE CAROL CITY FL 33056	P.O. BOX 174102 HIALEAH FL 33017 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1992	3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0342512	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 6346 N.W. 170 TERR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami FL.
Zip 24 / Country 25	Zip 29 33015 / Country 30 DADE

9. Name and Address of Current Registered Agent

PERSON, ROY E.
19801 NW 33 AVE
CAROL CITY FL 33056

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 mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	PERSON, ROY E.	12 NAME	
STREET ADDRESS	19801 NW 33 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	NOWELL, DANNY R., SR.	22 NAME	
STREET ADDRESS	6346 NW 170 TERR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS, EUGENE	32 NAME	
STREET ADDRESS	5256 NW 194TH LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DVT	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, CLAY L.	42 NAME	
STREET ADDRESS	11908 NW 12TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	HOWARD, ULYSSES S.	52 NAME	
STREET ADDRESS	18325 NW 38TH AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PERSON, RALPH	62 NAME	
STREET ADDRESS	20105 NW 62 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny R. Nowell Danny R. Nowell SR. 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000720