

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED  
AND  
FILED

97 OCT -1 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005600 (9)**  
 1. Corporation Name  
**...D.G.S., INC. REINSTATEMENT 97**



Principal Place of Business <b>977 NW 17 AVE FT LAUDERDALE FL 33311</b>	Mailing Address <b>977 NW 17 AVE FT LAUDERDALE FL 33311</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/01/1996</b>		3a. Date of Last Report	
21		28		4. FEI Number <b>65-0705522</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FERGUSON, WINDSOR</b> <b>977 NW 17 AVE</b> <b>FT LAUDERDALE FL 33311</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Windsor Ferguson Sr. PD DATE 9/15/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>700002311557-12</b>		
NAME	<b>FERGUSON, WINDSOR SR</b>			1.2 NAME	<b>-10/03/97--01094--004</b>		
STREET ADDRESS	<b>1471 NW 33 WAY</b>			1.3 STREET ADDRESS	<b>****236.25 ****236.25</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>			1.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COLEMAN, WILLIE</b>			2.2 NAME			
STREET ADDRESS	<b>7230 NW 21 ST</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>			2.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCOPIO, JESSIE</b>			3.2 NAME			
STREET ADDRESS	<b>9813 N GRAND DUKE CIR</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS	<b>REINSTATEMENT 97</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	<i>A. Man</i>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>10/1/97</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Windsor Ferguson Sr. PD

CR2E037 (4/97)