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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9300001337 (3)

D.B.S., INC.

| U.B.S., | | | , | | | | | | | |
|--|---|--|-----------------------------------|-----------------------------|------------------|---------|--|------------|-------------------------|------------------------|
| Principal Place of Business Mailing Address 115 N. KINGS AVE 115 N. KINGS AVE BRANDON FL 33510 BRANDON FL 33510-4301 US US | | | | | | | | | | |
| • | | | | | | | 3. Date Incorporated or Qualified 12/30/1992 | | ate of Last /23/1996 | |
| | Place of Business | 2a. Mailing Add | ess | - | | | 4. FEI Number | | | Applied For |
| 21 C. No. An | 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 59-3160014 | | | Not Applicable |
| 22] | i. #, 6 iC. | ├ | Stitle, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & Sta | ste | City & State | | | | | 6. Election Campaign Financing | | \$5.0 | 0 May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | Adde | d to Fees |
| Zip 24 | Country | Zip 29 | 30 | ountr | / | | 8. This corporation has liability for Florida Statutes | | tax under | s. 199.032, |
| | | of Current Registered Agent | | | | i | 10. Name and Address of New Ro | | | |
| | MING, MICHAEL | | | 81 | Name | | | | | |
| 12811 N. NEBRASKA AVE. | | | | | Street A | Addres | s (P.O. Box Number is Not Accepta | ble) | | |
| AT- | MPA FL 33812 | · | | 83 | ļ | | | | | |
| | | | | | | | | | | |
| | | | | 84 | City | | | FL | 85 Zi | o Code |
| office or agent. I SIGNATURE | registered agent, or both, in am familiar with, and accept | the State of Florida, Such char the obligations of, Section 607 | ige was author 0505, Florida S | zed b italule | y the corp s. | ooratio | ation submits this statement for the n's board of directors. I hereby acceution reinstating) | pt the app | oointment a | as registered |
| 12, | | CERS AND DIRECTORS | | 3, | | | ADDITIONS/CHANGES TO OFFI | | DIRECTO | DRS IN 12 |
| TITLE | PTD | | | | | | | | ☐ Change | Addition |
| NAME | DEMING, MICHAEL L | NIT. | | | 12 NAME | | | | | |
| STREET ADDRESS | 11108 STAFFORD LA RIVERVIEW FL 33569 | NE | 1.3 STREET ADDRESS | | 1 | | | | | |
| CITY-ST-ZIP TITLE | VSM DELETE | | | 1.4 CBY-ST-ZIP 2.1 TITLE | | | | | Change | Addition |
| NAME | DEMING, JUDY A | | 2 | 2 NAME | J | | | | — · | |
| STREET ADDRESS | | | 2 | STREE | T ADDRESS | | | | | |
| CITY-\$1-ZIP | RIVERVIEW FL 33569 | | | | ST-ZIP | | | | 1 | |
| TITLE | | [] D | | THE | | | | | Change | e L Addition |
| NAME STREET ADDRESS | , | | | NAME | t address | | | | | |
| CITY-ST-ZIP | | | | 3 STREE 4. CITY- | | | | | | |
| TITLE | | □ D | | 1 THLE | | | | | Change | Addition |
| NAME | | | 4 | 2 NAME | | | | | | |
| STREET ADDRESS | s | | 4. | 3 STREE | t address | | | | | |
| CITY-ST-ZIP | <u> </u> | | | 4 CITY - | S1 - ZiP | | | | | T : |
| TITLE | | D | | 1 TITLE | | | | | L Change | Addition |
| NAME Cross abores | | | 5 | 2 NAMÉ | Ì | | | | | |
| | | | • • | | 7 40000000 I | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5 | | | 3 STREE 4 CITY - | I ADDRESS | | | | | |

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.

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Line mod highest

DELETE

4-17-97

Change

Addition

FILED

Apr 23 1997 8:00am

Secretary of State