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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

DOCUMENT # P93000028549 (2)

1. Corporation Name

~~ELECTRICAL MOTOR SERVICES, INC.~~  
DBSRAS, INC.

Principal Place of Business

4108 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

Mailing Address

4108 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804-2708

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/06/1996

4. FEI Number

59-3177834

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 315 CAROLYN DRIVE

Suite, Apt. #, etc.

22 City & State

23 OVIEDO, FL

24 Zip

32765

25 Country

U.S.A.

2a. Mailing Address

26 315 CAROLYN DRIVE

Suite, Apt. #, etc.

27 City & State

28 OVIEDO, FL

29 Zip

32765

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

SMITH, DENISE B.  
4108 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

DENISE B. SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

83

315 CAROLYN DRIVE

84 City

OVIEDO

85 FL

85 Zip Code  
32765

11. Pursuant to the provisions of Sections 607.009 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 or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/97

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME SMITH, DENISE B  
STREET ADDRESS 315 CAROLYN DR.  
CITY - ST - ZIP OVIEDO FL 32758

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP  
1.2 NAME DENISE B. SMITH  
1.3 STREET ADDRESS 315 CAROLYN DRIVE  
1.4 CITY - ST - ZIP OVIEDO, FL 32765

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)