

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **993000067147**

1. Corporation Name

DIRRECKTOR TES SYSTEMS, INC.

Principal Place of Business

**104 8th Ave.
St. Petersburg
Beach, FL 33706**

Mailing Address

**P. O. Box 940607
Maitland, FL
32794-0607**

3. Date Incorporated or Qualified

9/27/93

3a. Date of Last Report

4. FEI Number

59-3204683

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. 199.052
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 104 8th Ave.

2a. Mailing Address

26 P O Box 940607

State Apt # etc.

State Apt # etc.

City & State

23 St Petersburg Beach FL

City & State

27 Maitland, FL

Zip

24 33706

Country

25 U.S.

Zip

29 0607

Country

30 U.S.

9. Name and Address of Current Registered Agent

**ANTHONY MATHER
104 8th Ave.
St. Petersburg Beach, FL 33706**

10. Name and Address of New Registered Agent

81 Name

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

84 City

FL

85 Zip Code

I, 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

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **Anthony Mather**
STREET ADDRESS **104 8th Ave.**
CITY-STATE-ZIP **St Petersburg Beach FL33706**

TITLE **Vice-President** ☐ DELETE
NAME **David C. Schwartz**
STREET ADDRESS **P O Box 940607**
CITY-STATE-ZIP **Maitland, FL 32794-0607**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **Vice-President** ☒ Change ☐ Addition
2. NAME **David C. Schwartz**
3. STREET ADDRESS **211 Shell Point E.**
4. CITY-STATE-ZIP **Maitland, FL 32751**

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.073(3)(b) 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:

David C. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Schwartz

3/25/96

407-839-4594

CR2E034 (12/95)