

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 24 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

page



DO NOT WRITE IN THIS SPACE

PROFIT 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 # **P93000068845 (5)**

1. Corporation Name  
**D. A. S. ENTERPRISES, INC.**

Principal Place of Business  
**2600 N MILITARY TRAIL  
290  
BOCA RATON FL 33431  
US**

Mailing Address  
**2600 N MILITARY TRAIL  
290  
BOCA RATON FL 33431  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
**10/04/1993**

3a. Date of Last Report  
**07/05/1996**

4. FEI Number  
**65-0440654**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHMUELI, DAVID  
5720 B COACH HOUSE CIRCLE  
BOCA RATON FL 33486**

81 Name **David Shmueli**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1121 SW 21st Ave**  
83  
84 City **Boca Raton** FL 85 Zip Code **33431**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PTSD**  
STREET ADDRESS **SHMUELI, DAVID**  
CITY-ST-ZIP **5720 B COACH HOUSE CIRCLE**  
**BOCA RATON FL 33486**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1121 SW 21st Ave**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**500002250225-1**  
**-07/29/97-01032-024**  
**\*\*\*\*165.00 \*\*\*\*165.00**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

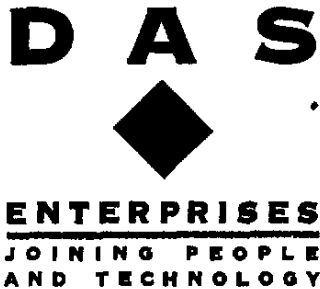
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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

**DAVID SHMUELI**

**7/22/97 11:59:46**

CR2E034 (4/97)



2600 N. MILITARY TRAIL, SUITE 290, BOCA RATON, FL 33431

PHONE 561.995.6909 ~ FAX 561.995.5288

HTTP://WWW.DASONLINE.COM

July 22, 1997

Division of Corporations  
Annual Reports Section  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

This letter is to inform you that we received a second notice from your office but have no record of receiving a first notice. If we had received it you can be assured that we would have sent payment at that time. A phone call was made to Florida Department of State Division of Corporation in reference to this second notice. Advisement was given by that office to send a letter. If there are any questions please feel free to contact me at 561-995-6909.

Thank you,

  
Danielle Bickey