FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 199~~4~~5

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JUN 16 PM 11:33

1. Corporation Name
DADE COMMERCIAL SUPPORT GROUP, INC.

DOCUMENT #
P93000069639 (1)

Mailing Address	Principal Place of Business
~~PO BOX 393~~	~~122 BIMINY DR.~~
~~WEST BROOKFIELD MA 01585~~	~~DUCK KEY FL 33050~~
P.O. Box 522769	MARATHON FL 33050

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business	
21	P.O: Box 522769	26	MARATHON - LOWER KEYS
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: MARATHON SHORES FL	28	City & State
24	Zip: 33052	29	Zip
25	County: MONROE	30	Country

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 7-7-94
4. FEI Number: 65-0447225 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ASPINALL DOUGLAS~~
~~122 BIMINY DR.~~
~~DUXK KEY FL 33050~~

10. Name and Address of New Registered Agent

81 Name: GLEN HEWLETT
82 Street Address (P.O. Box Number is Not Acceptable): 717 96th OCEAN
83 MARATHON
84 City: MARATHON FL 85 Zip Code: 33050

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE [signature] (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 5-26-95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1-1 TITLE	P/S/D	1-1 TITLE	P/S/D CHANGE
1-2 NAME	~~ASPINALL DOUGLAS~~	1-2 NAME	C. LEE HUTCHINSON
1-3 STREET ADDRESS	~~122 BIMINY DR.~~	1-3 STREET ADDRESS	122 Bimini Drive
1-4 CITY ST ZIP	~~DUCK KEY FL 33050~~	1-4 CITY ST ZIP	DUCK KEY FL
2-1 TITLE		2-1 TITLE	
2-2 NAME		2-2 NAME	
2-3 STREET ADDRESS		2-3 STREET ADDRESS	
2-4 CITY ST ZIP		2-4 CITY ST ZIP	
3-1 TITLE		3-1 TITLE	
3-2 NAME		3-2 NAME	
3-3 STREET ADDRESS		3-3 STREET ADDRESS	700001517457
3-4 CITY ST ZIP		3-4 CITY ST ZIP	-06/20/95--01050--015
4-1 TITLE		4-1 TITLE	****233.75 ****233.75
4-2 NAME		4-2 NAME	
4-3 STREET ADDRESS		4-3 STREET ADDRESS	
4-4 CITY ST ZIP		4-4 CITY ST ZIP	
5-1 TITLE		5-1 TITLE	
5-2 NAME		5-2 NAME	
5-3 STREET ADDRESS		5-3 STREET ADDRESS	
5-4 CITY ST ZIP		5-4 CITY ST ZIP	
6-1 TITLE		6-1 TITLE	
6-2 NAME		6-2 NAME	
6-3 STREET ADDRESS		6-3 STREET ADDRESS	
6-4 CITY ST ZIP		6-4 CITY ST ZIP	SCC 6-16-95

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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: x C. Lee Hutchinson (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5-26-95 (Date) 305 289 1003 (Daytime Phone #)