

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075027 (1)

1. Corporation Name

D'S M. A. G., INC.



Principal Place of Business

Mailing Address

6424 US HWY 19
REAR
NEW PORT RICHEY FL 34652
US

6424 US HWY 19
REAR
NEW PORT RICHEY FL 34652
US

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 8725 BENCH DRIVE

26 8725 BENCH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 6

27 SUITE 6

City & State

City & State

23 PORT RICHEY FL.

28 PORT RICHEY FL.

Zip

Zip

Country

Country

24 34668-5305 25 U.S.A.

29 34668-5305 30 U.S.A.

4. FEI Number

59-3205400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVICCARO, GARY F.
5070 BALDOCK AVE
STE 106
SPRINGHILL HILL FL 34608

81 Name GARY F. DIVICCARO

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

5070 BALDOCK AVE.

83

84

CITY SPRING HILL

FL

85

Zip Code 34608

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

Gary F. DiViccario

(NOTE: Registered Agent signature required when reappointing)

1/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
DIVICCARO, JOSEPH A
STREET ADDRESS 10170 SLEEPY WILLOW CT
CITY-ST-ZIP SPRING HILL FL 34608

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4252 DRISTOL AVE
SPRING HILL FL. 34609

TITLE ☐ DELETE

NAME VD
DIVICCARO, GARY F
STREET ADDRESS 5070 BALDOCK AVE
CITY-ST-ZIP SPRING HILL FL 34608

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME STD
DIVICCARO, MARK G
STREET ADDRESS 10170 SLEEPY WILLOW CT
CITY-ST-ZIP SPRING HILL FL 34608

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

12095 ELGIN BLVD.
SPRING HILL FL. 34608

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gary F. DiViccario V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
Date

(813) 841-6934
Deputy Phone #

CR2E034 (12/95)