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Feb 06 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 # P93000075027 (1)

1. Corporation Name

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



Principal Place of Business

8725 BENCH DR
SUITE 6
PORT RICHEY FL 34668-5305
US

Mailing Address

8725 BENCH DR
SUITE 6
PORT RICHEY FL 34668-5305
US

3. Date Incorporated or Qualified
10/29/1993

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-3205400

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVICCARO, GARY F
5070 BALDOCK AVE
SPRING HILL FL 34808

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIVICCARO, JOSEPH A	
STREET ADDRESS	4252 DRISTOL AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIVICCARO, GARY F	
STREET ADDRESS	5070 BALDOCK AVE	
CITY-ST-ZIP	SPRING HILL FL 34808	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DIVICCARO, MARK G	
STREET ADDRESS	12095 ELGIN BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIVICCARO, GARY F.	
1.3 STREET ADDRESS	5070 BALDOCK AVE	
1.4 CITY-ST-ZIP	SPRING HILL FL 34608	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIVICCARO, MARK G.	
2.3 STREET ADDRESS	12095 ELGIN BLVD.	
2.4 CITY-ST-ZIP	SPRING HILL FL. 34608	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIVICCARO, JOSEPH A.	
3.3 STREET ADDRESS	5118 HARDINGER RD.	
3.4 CITY-ST-ZIP	SPRING HILL FL. 34608	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GARY F. DIVICCARO

1/30/97 (813)841-6934

Date

Daytime Phone #

0453321

CR2E034 (9/96)