

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3205400	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DIVICCARO, GARY F  
5070 BALDOCK AVE  
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	PRESIDENT
NAME	DIVICCARO, JOSEPH A	1.2 NAME	DIVICCARO, GARY F.
STREET ADDRESS	5070 BALDOCK AVENUE	1.3 STREET ADDRESS	5070 BALDOCK AVE
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL. 34608
TITLE	VD	2.1 TITLE	
NAME	DIVICCARO, MARK G.	2.2 NAME	
STREET ADDRESS	12095 ELGIN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	DIVICCARO, JOSEPH A.	3.2 NAME	
STREET ADDRESS	5118 HARBINGER ROAD	3.3 STREET ADDRESS	6435 JULY AVE
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE:

*[Signature]*

1/9/98 (813) 841-6934

CR2E034 (10/97)