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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000075027**1. Corporation Name

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

Principal Place of Business

PORT RICHEY FL 34668-5305 US PORT RICHEY FL 34668-5305 US 3. Date Incorporated or Qualifed 10/29/1993	RITE IN THIS SPACE	
10/29/1893	j	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	l A	Applied For
26 59-3205400	1	Not Applicable
Suite Ant # etc Suite Ant # etc.	58.75	Additional
22 5. Certificate of Status Desired		Required
City & State City & State 6. Election Campaign Financing	\$5.00	May Be
23 Trust Fund Contribution	1 1	to Fees
Zip Country Zip Country 8. This corporation owes the cur	rrent year Intangible	11.
24 25 29 30 Personal Property Tax.	☐ Yes	⊠No
Name and Address of Current Registered Agent 10. Name and Address of New	Registered Agent	
81 Name		
DIMCCARO, GARY F D'S 5070 BALDOCK AVE 82 Street Address (P.O. Box Number is Not Accept	table)	
SPRING HILL FL 34608		19 ENG 1431 (85)
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acce	e purpose of changing it ept the appointment as i	ts registered registered
COS agent Clam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.		
TOP agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	DATE	
SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		ORS IN 12
SIGNATURE SIGNAT		
SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 1.1 TITLE P SIGNATURE DELETE 1.1 TITLE	FFICERS AND DIRECT	
SIGNATURE SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF TITLE NAME DIVICCARO, GARY F 1.1 TITLE 1.2 NAME	FFICERS AND DIRECT	
SIGNATURE SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F 1.1 TITLE 1.2 NAME STREET ADDRESS 5070 BALDOCK AVE 1.3 STREET ADDRESS	FFICERS AND DIRECT	
SIGNATURE SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F 1.2 NAME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 1.4 CITY-ST-ZIP	FFICERS AND DIRECT	e
SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F 1.2 NAME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 1.4 CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE 3. DELETE 3. TITLE 4. DELETE 4. TITLE 4. DELETE 5.	FFICERS AND DIRECT	e
SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE NAME DIVICCARO, GARY F 1.2 NAME 1.3 STREET ADDRESS SPRING HILL FL 34608 1.4 CITY-ST-ZIP TITLE NAME DIVICCARO, MARK G. 22 NAME	FFICERS AND DIRECT	e
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE	FFICERS AND DIRECT	e
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Algnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F 12. NAME STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE NAME DIVICCARO, MARK G, STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 2.3 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL	FFICERS AND DIRECT	Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DIVICCARO, GARY F 1.2 NAME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 1.4 CITY-ST-ZIP TITLE VD DIVICCARO, MARK G, STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE	FFICERS AND DIRECT Change	Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE NAME DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE 3.2 NAME 3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP DIVICCARO, MARK G. 3.2 STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE 3.2 NAME 3.3 NAME	FFICERS AND DIRECT Change	Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFTILE NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 1.4 CITY-ST-ZIP TITLE NAME DIVICCARO, MARK G. 2.2 NAME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD DELETE 3.1 TITLE NAME STREET ADDRESS SPRING HILL FL STD DIVICCARO, JOSEPH A. STREET ADDRESS	FFICERS AND DIRECT Change	Addition
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE NAME DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DIVICCARO, MARK G. 12095 ELGIN BLVD. SPRING HILL FL STD. DELETE J TITLE STD. DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD. DIVICCARO, JOSEPH A. 3.3 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 3.4 CITY-ST-ZIP SPRING HILL FL 3.5 SPRING HILL FL 3.5 SPRING HILL FL 3.6 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 3.5 SPRING HILL FL 3.6 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 3.5 SPRING HILL FL 3.6 STREET ADDRESS SPRING HILL FL 3.5 SPRING HILL FL 3.6 STREET ADDRESS SPRING HILL FL 3.5 STREET ADDRESS SPRING HILL FL 3.6 STREET ADDRESS SPRING HILL FL 3.6 STREET ADDRESS SPRING HILL FL 3.6 CITY-ST-ZIP	FFICERS AND DIRECT Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD DELETE DIVICCARO, MARK G. 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZIP TITLE DIVICCARO, MARK G. 22. NAME 22. NAME 23. STREET ADDRESS CITY-ST-ZIP STD DIVICCARO, JOSEPH A. STREET ADDRESS STREET ADDRES	FFICERS AND DIRECT Change	Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	FFICERS AND DIRECT Change	Addition Addition
SIGNATURE OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP TITLE VD DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD DELETE JITTLE STD DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL AMME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP STD DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL DIVICCARO STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	FFICERS AND DIRECT Change	Addition Addition
SIGNATURE SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD OFFICERS AND DIRECTORS 13 STREET ADDRESS SO70 BALDOCK AVE SPRING HILL FL 34608 14 CITY-ST-ZIP TITLE VD DELETE 1.1 TITLE VD DELETE 2.1 TITLE DIVICCARO, MARK G. 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE STD DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE ASTREET ADDRESS CITY-ST-ZIP ASTREET ADDRESS CITY-ST-ZIP ASTREET ADDRESS CITY-ST-ZIP ASTREET ADDRESS CITY-ST-ZIP ACITY-ST-ZIP TITLE ASTREET ADDRESS CITY-ST-ZIP ACITY-ST-ZIP	FFICERS AND DIRECT Change Change	Addition Addition Addition
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP TITLE DIVICCARO, MARK G. STREET ADDRESS CITY-ST-ZIP TITLE STD DIVICCARO, MARK G. 122 NAME 122 NAME 123 STREET ADDRESS CITY-ST-ZIP TITLE STD DIVICCARO, MARK G. 123 STREET ADDRESS CITY-ST-ZIP TITLE STD DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP TITLE DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AJAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AJAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AJAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AJAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE	FFICERS AND DIRECT Change	Addition Addition Addition
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE VD DIVICCARO, MARK G 122 NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DIVICCARO, MARK G 123 STREET ADDRESS CITY-ST-ZIP TITLE STD DIVICCARO, JOSEPH A STREET ADDRESS CITY-ST-ZIP TITLE NAME DIVICCARO, JOSEPH A STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 1.4 CITY-ST-ZIP TITLE 1.5 NAME 1.5 STREET ADDRESS CITY-ST-ZIP TITLE 1	FFICERS AND DIRECT Change Change	Addition Addition Addition
SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F 5070 BALDOCK AVE SPRING HILL FL 34608 11. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS	FFICERS AND DIRECT Change Change	Addition Addition Addition
SIGNATURE DIVICCARO, GARY F SPRING HILL FL 34608 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STR	FFICERS AND DIRECT Change Change	Addition Addition Addition Addition
SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME DIVICCARO, GARY F STREET ADDRESS CITY-ST-ZIP TITLE VD ITTLE DIVICCARO, MARK G, 12 STREET ADDRESS CITY-ST-ZIP SPRING HILL FL STD DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP SPRING HILL FL DIVICCARO, JOSEPH A. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ALCITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS	FFICERS AND DIRECT Change Change	Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filling 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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90042 041 ***150.00

CR2E034 (11/98)