

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000080158 (7)

1. Corporation Name

DSSC, INC.

Principal Place of Business

597 B NEWBURYPORT AVE.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

597 B NEWBURYPORT AVE.  
ALTAMONTE SPRINGS FL 32701



3. Date Incorporated or Qualified  
11/15/1993

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

21 401 OCEAN AVE

2a. Mailing Address

26 401 OCEAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 203

27 # 203

City & State

City & State

23 MELBOURNE BEACH, FL

28 MELBOURNE BEACH, FL

Zip

Zip

Country

Country

24 32951

25 BREVARD

29 32951

30 BREVARD

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

MULLER, RICHARD S  
311 SURF ROAD  
MELBOURNE BEACH FL 32951

81 Name

RICHARD S. MULLER

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

401 OCEAN AVE. #203

83

84 City

MELBOURNE BEACH

FL

85 Zip Code

32951

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 P  
NAME STOECKEL, DREW H  
STREET ADDRESS 950 VIRGINIA AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST  
NAME MULLER, RICHARD S  
STREET ADDRESS 311 SURF RD.  
CITY-ST-ZIP MELBOURNE BEACH FL 32951

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

407-723-1167

Daytime Phone #

CR2E034 (12/95)