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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P9400000199 (7)

D.S.I.C.C., INC.

## FILED Apr 22 1998 8:00am Secretary of State

| Principal Place   | of Business   | Mailing Address   | S                                    |   |  | `` <b> </b>          |  |              |                  | 17) (1 <b>) (1) (1</b> | HI <b>J 19</b> H <b>FIN</b>         |
|---|---|---|--------------------------------------|---|--|----------------------|--|--------------|------------------|------------------------|-------------------------------------|
| 705 INDUSTR   | Y ROAD  | 705 INDUSTRY  | ROAD                                 |   |  |                      |  |              |                  |                        |                                     |
| LONGWOOD  |   | LONGWOOD FL   |                                      |   |  |                      | חס אוסד וי                                   | VD(TE IN     | THIS SOA         | .CE                    |                                     |
|   |   |   |                                      |   |  | 3 Date I             | DO NOT V                                     |              | THIS SPA         | UE.                    |                                     |
|   |   |   |                                      |   |  | 1                    | 13/1994                                      | niou         |                  |                        |                                     |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Add   | res <b>s</b>                         |   |  | 4. FEI N             |  |              |                  | TĀ                     | oplied For                          |
| 21  |   | 26  |                                      |   |  | 59                   | -3214705                                     |              |                  | <del></del>            | ot Applicabl                        |
| Suite, Apt  | #, etc.   | Suite, Apt. #   | , etc.                               |   |  | 1 -                  |  | .a [         | ] {              | 8.75                   | Additional                          |
| 22  |   | 27  |                                      |   | 5. Certificate of Status Desired   |                      |  | Fee Required |                  |                        |                                     |
| City & State  | •   | City & State  |                                      |   |  | I                    | n Campaign Financ                            | _            |                  |                        | May Be                              |
| Zip   | Country   | 7ip   |                                      | Country   |  |                      | und Contribution                             | L            | <del></del>      |                        | to Fees                             |
| 24  | 25  | 29  | 30                                   | <b>-</b>  |  | L                    | orporation owes or h<br>hal Property Tax due |              |                  | · -                    | tangible<br>∃ No                    |
| 241   | 9. Name and Address of Curr   |   | 130                                  | <u>'</u>  |  |                      | and Address of Ne                            |              |                  |                        | _1 140                              |
|   | HMIDT, LOUIS  |   |                                      | 81  | Name   |                      |  |              |                  |                        |                                     |
|   | S INDUSTRY ROAD   |   |                                      |   |  |                      |  |              |                  |                        |                                     |
|   | NGWOOD FL 32750   |   |                                      | 82  | Street Add   | iress (P.O. Bo       | Number is Not Acc                            | eptable)     |                  |                        |                                     |
| LO  | HALLADD I F ARLAN   |   |                                      | 83  |  |                      |  | <del></del>  |                  |                        |                                     |
|   |   |   |                                      |   |  |                      |  |              |                  |                        |                                     |
|   |   |   |                                      | 84  | City   |                      |  |              | FL               | 35 Zip                 | Code                                |
| 11. Pursuant t  | o the provisions of Sections 607.0  | 0502 and 607, 1508, Florid  | da Statutes,                         | the above   | e-named corp   | poration subm        | its this statement for                       | the purp     |                  | anging i               | ts registered                       |
| Office or re  | o the provisions of Sections 607.0<br>egistered agent, or both, in the Standard miliar with, and accept the ob- | ate of Florida. Such char<br>Jigations of Section 607                             | nge was auth                         | norized by  | the corpora  | ation's board o      | f directors, I hereby                        | accept th    | ne appoint       | ment as                | registered                          |
|   | is regulated with a condition of the op-  |   |                                      |   |  |                      |  |              |                  |                        |                                     |
| _   |   | •   | .0000, 1 101101                      | a olatotos  | ».   |                      |  |              |                  |                        |                                     |
| SIGNATURE   | Signature, typed or printed name of registial col-  | _   |                                      |   |  | ired when reinstatin |  |              | DATE             |                        | ·                                   |
| SIGNATURE   | OFFICERS A  | agent and falle if applicable AND DIRECTORS                                       | (NOTE: Ro                            |   |  | ired when reinstatin |  |              | DATE             | RECTOR                 | RS IN 12                            |
| SIGNATURE   | OFFICERS A  | agent and bille if applicable   | (NOTE: Ro                            | og stered Age   |  | ired when reinstatin | g)   |              | DATE<br>S AND DI | RECTOF<br>Change       | RS IN 12                            |
| SIGNATURE   | OPST SCHMIDT, LOUIS   | agent and falle if applicable AND DIRECTORS                                       | (NOTE: Ro                            | og stered Age   |  | ired when reinstatin | g)   |              | DATE<br>S AND DI |                        |                                     |
| SIGNATURE 12.   | OFFICERS A  OPST SCHMIDT, LOUIS 705 INDUSTRY ROAD   | agent and falle if applicable AND DIRECTORS                                       | (NOTE: Ro                            | ng stered Age   | nt signature requi   | ired when reinstatin | g)   |              | DATE<br>S AND DI |                        |                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  | OPST SCHMIDT, LOUIS   | eger and blic if applicable AND DIRECTORS   | (NOTE: RC                            | eg stered Age 13. 1.1 TITLE 1.2 NAME  | ADDRESS  | ired when reinstatin | g)   |              | DATE<br>S AND DI | Change                 | Addition                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS  | OFFICERS A  OPST SCHMIDT, LOUIS 705 INDUSTRY ROAD   | agent and falle if applicable AND DIRECTORS                                       | (NOTE: RC                            | 13. 1.1 TITLE 1.2 NAME 1.3 STREET   | ADDRESS  | ired when reinstatin | g)   |              | DATE<br>S AND DI |                        |                                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  | OFFICERS A  OPST SCHMIDT, LOUIS 705 INDUSTRY ROAD   | eger and blic if applicable AND DIRECTORS   | (NOTE: RC                            | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S  | ADDRESS  | ired when reinstatin | g)   |              | DATE<br>S AND DI | Change                 | Addition                            |
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4. 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 is rule 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.

Fair 11 Schmille

U/11/06 (UD)331-1000