FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006557 (0)**

1. Corporation Name
D F & S S, INC.

Principal Place of Business	Mailing Address
2499 GLADES RD. SUITE 114 BOCA RATON FL 33431	2499 GLADES RD. SUITE 114 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1960 W. ATLANTIC AVE	26 1960 W ATLANTIC AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DelRay Beach FL	City & State 28 DelRay Beach FL
Zip 24 33444 Country 25 Palm Beach	Zip 29 33444 Country 30 Palm Beach

4. FEI Number: 650480450 ☐ 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

POPKIN, EDWARD D
2499 GLADES RD.
SUITE 114
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: David Scherr Tenfeld
82 Street Address (P.O. Box Number is Not Acceptable): 2875 S. UNIVERSITY DR
83
84 City: Davie **FL** 85 Zip Code: 33328

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: VP DATE: 4/29/95
Signature, typed or printed name of registered agent, and if applicable, the capacity of officer. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SEC/TRES	☒ Change ☐ Addition
NAME	COHEN, SOL	12 NAME	Sol Cohen	
STREET ADDRESS	17626 A ASHBOURNE LANE	13 STREET ADDRESS	17626A Ashbourne Ln	
CITY ST ZIP	BOCA RATON FL 33496	14 CITY ST ZIP	Boca Raton FL 33496	
TITLE		21 TITLE	V.P.	☐ Change ☒ Addition
NAME		22 NAME	Neil Cohen	
STREET ADDRESS		23 STREET ADDRESS	17626A Ashbourne Ln	
CITY ST ZIP		24 CITY ST ZIP	Boca Raton FL 33496	
TITLE		31 TITLE	PRES	☐ Change ☒ Addition
NAME		32 NAME	Richard Secrter	
STREET ADDRESS		33 STREET ADDRESS	17213 BYRON LN.	
CITY ST ZIP		34 CITY ST ZIP	Boca Raton FL 33496	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report is accurate and 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 correct 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: VP 4/29/95 407-243-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0257621 CP