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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000006557 (0)

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

Principal Place of Business  
1960 W ATLANTIC AVE  
SUITE 114  
DELRAY BEACH FL 33444  
US

Mailing Address  
1960 W ATLANTIC AVE  
SUITE 114  
DELRAY BEACH FL 33444-1568  
US



3. Date Incorporated or Qualified 01/26/1994  
3a. Date of Last Report 06/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0480450		Applied For Not Applicable	
21 Suite Apt. #, etc.		26 Suite Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

SCHOTTENFELD, DAVID  
2875 S UNIVERSITY DR  
SUITE 114  
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name Schottenfeld, David  
82 Street Address (P.O. Box Number is Not Acceptable)  
7520 N.W. 5TH ST  
83 Suite 203  
84 City Plantation FL 85 Zip Code 33317

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	ST COHEN, SOL	1.1 TITLE	VP
NAME	COHEN, SOL	1.2 NAME	Cohen, Sol
STREET ADDRESS	17626A ASHBOURNE LN	1.3 STREET ADDRESS	17626A Ashbourne Ln
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	VP	2.1 TITLE	VP
NAME	COHEN, NEIL	2.2 NAME	Cohen, Neil B.
STREET ADDRESS	17626A ASHBOURNE LN	2.3 STREET ADDRESS	7698 Estrella Circle
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	P	3.1 TITLE	
NAME	SACKTER, RICHARD	3.2 NAME	
STREET ADDRESS	17213 BYTON LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	ST
NAME		4.2 NAME	Cohen, Shirley
STREET ADDRESS		4.3 STREET ADDRESS	17626A Ashbourne Ln
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton FL 33496
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 do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 561-243-1330

Date

Daytime Phone #

CR2E034 (9/96)