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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013494 (7)

DSD, INC.

FILED
Feb 07 1997 8:00am
Secretary of State

|--|

Principal Place of Business Mailing Address 2033 MAIN ST. 2033 MAIN ST.									
STE 101	•	STE 101							
SARASOTA FL	. 34237	SARASOTA FL 34237-8	049						
US			US			3. Date Incorporated or Qualified 02/14/1994	or Qualified 3a. Date of Last Report 04/19/1996		
· ·	Place of Business	2a. Mailing Address				4. FEI Number			oplied For
21 Suite, Apt.	# ote	Suite, Apt. #, etc.				65-0468802			ot Applicable
City & Stal		27			*****	5. Certificate of Status Desired		Fee Re	Additional equired
23		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	 	untry	1	8. This corporation has liability for in			. 199.032,
24	25 9. Name and Address of Cur	29	30					_ No	
nr.		ant negistated Agent		81	Name	10. Name and Address of New Reg	istered .	Agent	
	.ugner, j g 3 main st.				Harrie				
	3 MAIN 31. : 101			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
	VASOTA FL 34237			83	 				
				84	City			85 Zip (Code
			·····				FL		
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St.	502 and 607.1508, Florida Sta ite of Florida. Such change wa	itutes, the a	bove d by	e-named corpora	poration submits this statement for the pation's board of directors. I hereby accep	rpose of	changing it	ts registered
agent. i a	am familiar with, and accept the ob	igations of, Section 607.0505,	Florida Sta	tutes	3.		· ino app	Distance Co	regiotorea
SIGNATURE	Signature, type I or printed name of registered		UOTE E			- The Property of the Control of the			
12.		ND DIRECTORS	13.	a Age	ini signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1)	ITLE		ADDITIONS/ONANGES TO CITTO	-110 AND	Change	Addition
NAME	MILLER, RONALD V		1.2 N						
STREET ADDRESS	3925 SAWYER RD.	1.40	1.3 \$	TREET	ADDRESS				
CHTY-ST-ZIP	SARASOTA FL	34a33	1.4 C	ITY-\$	ST-ZIP				
TITLE	D	DELETE	2.1 T	TLE				Change	Addition
NAME	MILLER, ROSALIE		2.2 N	AME	1				
STREET ADDRESS	3925 SAWYER RD.	- 1000	2.3 \$	TAEET	ADDRESS				
CITY+ST+ZIP	SARASOTA FL	34233	2.40	ITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 T	TLE				Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				,
City-St-ZiP		T or err			ST-ZIP			—	
TITLE		DELETE	4.1 To					Change	☐ Addition
NAME PAREET ARROSCO			4.21						
STREET ADDRESS					ADDRESS				
CITY+S1-ZIP TITLE	<u> </u>	DELETE	4.4 C		IT-ZIP			Change	Addition
NAMê		occur	•					T CHANGE	LL AUDITION
STREET ADDRESS			5.2 N		ADDOLOG				
CITY - ST - ZIP					ADDRESS				
TITLE		DELETE	5.4 U		ST-ZIP			Change	Addition
NAME		Speed Death	6.2 N					- onange	LIII AUVIIIOII
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP					ST-ZIP				
3111 31-411	<u> </u>		0.4 0	111-3	1" 411				

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-3-97

941-921-5581

Davime Phone