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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P94000028668 (9)

1. Corporation Name

2 D'S INC.



· · · · · · · · · · · · · · · · · · ·	e of Business		Maling Address						
519 S BREVARD AVE ARCADIA FL 33821		519 S BREVARD AVE ARCADIA FL 33821							
ANONDIA FE	. 33021		THIOTOPIN TE SOUL			3. Date incorporated or Qualifie 04/13/1994	3a. Date	of Last Re 5/01/199	port)5
2. Principal Pl	lace of Business	2	a. Mailing Address			4, FEI Number 65-0485382		-	applied For
<u> </u>		26	<u> </u>			0070400002			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		27	City & State			6. Election Campaign Financing			May Be
3	e	28	7			Trust Fund Contribution			to Fees
Zip	Country		.j	Count	y	8. This corporation has liability f		cunder s	199.032,
1	25	29	_L	30			res [2] No		
	g, Name and Addre	ss of Current Rec	istered Agent		1 Name	10. Name and Address of Nev	w Registered A	geni	
CV IDI N	S, DON			L					
	W PINECREEK			8	2 Street Add	ress (P.O. Box Number is Not Accep	tabl∈)		
	NA FL 33821			8	3				
					1-01			85 Zij	Code
				6	4 City		FL	03 2.1	Joac
	Standard tweeting conted care	of real Americans it and 50-	or grander (NC	DTE: Requirement A	port signature corpue	ad what itemstating)	DATE	-	
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12	Signature typied or printed rans.	otreg deed agent and so DEFICE'RS AND DIF		TE: Registered A	jord signature region	ad what transfating) ADDITIONS/CHANGES TO C		DIRECTO	PRS IN 12
	D						OFFICERS AND	DIRECTO	
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I do neredy certify that the information is printed which is fining is voluntarily runnished and does not quality for the exemption stated in Section 1 (4).07(3)(k), Florida Stateds. Under certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same kegal 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 changed, or on an attachment with an address.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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