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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P94000030170 (2)

DCP CORPORATION

FILED Feb 13 1998 8:00am Secretary of State

Principal Plac	e of Business	М	failing Address						ABIH BRIAN II	iana Adria n indin	(ABI) #8() 3#8)
3010 SOUTH 3RD ST.			3010 SOUTH 3RD ST.								
SUITE A JACKSONVILLE BEACH FL 32250			SUITE A JACKSONVILLE BEACH FL 32250					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	Ī		
<u> </u>	······································		- <u>-</u>					04/20/1994			
<u> </u>	Place of Business	<u> </u>	Mailing Address					4. FEI Number		<u> </u>	Applied For
21 Suite Ant H atc			Suite, Apt. #, etc.					59-3372576			Not Applicable
Suite, Apt. #, etc.			¬ ` `					5. Certificate of Status Desired			Additional Regulred
City & State			27 City & State					6. Election Campaign Financing			O May Be
23			28					Trust Fund Contribution		*	U May Be d to Fees
Zip	Country		Zip	Cc	ountry	,		8. This corporation owes or has p			
24	25							Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre						10. Name and Address of New Registered Agent				
PA	ATTERSON, LAWRENCE R				81	Name	e				
	10 SOUTH 3RD ST.				82	Stree	ot Addre	ess (P.O. Box Number is Not Accepta	ahla)		
	JITE A					0,,00	11 Audie	55 (F.O. DOX NORDO) IS THE POOLOGO	, audi		
	CKSONVILLE BEACH FL 32250)			83						
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 Of	02 and 6	07 1508 Florida Statu	ites the	above	-name	ad coroc	pration submits this statement for the	DUIDOSA D	• Lebenging	ite registered
office or re	registered agent, or both, in the Stat	te of Florid	ida. Such change was	s authorize	ed by	/ the co	orporatio	on's board of directors. I hereby according	ept the apr	pointment a	is registered
1	im familiar with, and accept the obli	gations of	i, Section 607.0505, h	-lorida Sta	atutes	à.					
SIGNATURE	Signature, typed or printed name of registered a	ment and little	if applicable (NC	OTF: Applisher	red Ape	ant signatu	ure requirer	d when reinstating)	DATE		
12.	OFFICERS A			13.			7 5	ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12
TITLE	D		DELETE 1.1		TITLE				-,	Change	Addition
NAME	DOWLING, RANDY			121	NAME						
STREET ADDRESS	581 LOCUST ST.			1.3 5	STREET	ADDRESS	3				
CITY-ST-ZIP	N. TONAWANDA NY 14120			1.40	CITY - \$1	T-ZIP					
TITLE	D		☐ DEL et e	2.1 7	TITLE					Change	Addition
NAME	CORBETT, MIKE			2.2 N							
STREET ADDRESS	285 ARGONNE DR.			2.3 5	STREET	ADDRESS	3				
CITY-ST-ZIP	KENMORE NY 14120			2.4	CITY-S	ST-ZIP					
TITLE	D		DELETE	3.1 7	TITLE					Change	Addition
NAME	PATTERSON, ROBERT C			3.2	NAME						
STREET ADDRESS	74 GRATON RD.			3.3 5	STREET	address	,				
CITY-ST-ZIP	TONAWANDA NY 14150			3.4.	CITY-S	ST - ZIP	<u> </u>				
TITLE	r		☐ DELETÉ	411	TITLE					Change	Addition
NAME	r				NAME						1
STREET ADDRESS	,			4.3 5	STREET	ADDRESS	;				
CITY-ST-ZIP			<u> </u>		CITY-S1	1- ZIP					
TITLE			☐ DELETE		TITLE					Change	☐ Addition
NAME	r				NAME						
STREET ADDRESS				5.3 \$	STREET /	ADDRESS	; [ſ
CITY-S1-ZIP					CITY-ST	r- z ie	\bot				
TITLE			DELETE		TITLE					Change	Addition
NAME					NAME						1
STREET ADDRESS				630	STORES	ADDRESS	: I				

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 or supplemental annual report is true and accurate end 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of organ attaphment with an address.

716.813.5300