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

P94000044572 (3) DOCUMENT

D & S MARKETING CONCEPTS, INC.

Principal Place of Business Mailing Address 9720 PINES BLVD. 9720 PINES BLVD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 27 2401 E. AtCANTIC 2401 E. Atlantic Blud. 65-0490837 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 300 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Bch POMPANO Ponfano Trust Fund Contribution Added to Fees Country 3300g Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DECKER, DAVID DAVID DECKER 1801 N RIVERSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33062 83 CityPOMPANO 84 33063 Zip Code Bch 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 Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE DECKER, DAVID NAME 1.2 NAME 2401 E. AtCANTIC BLUG suite 300 **1801 NORTH RIVERSIE DRIVE** 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP pompano Bch DELETE Change Addition TITLE 2.1 TITLE BIDDISCOMBE, SEAN 2.2 NAME 2401 E Atlantic Blud. Suite 300 405 N OCEAN BLVD STREET ADDRESS 23 STREET ADDRESS POMPANO BEACH FL 2.4 CITY-ST-ZIP POMPANO BOLY CITY-ST-71P ☐ DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address.

4-7-93

FILED

Apr 15 1998 8:00am

Secretary of State