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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000088892 (2) DOCUMENT #

Country

LAW OFFICE OF HAROLD V. HICKEY, P.A.

g, Name and Address of Current Registered Agent

DSB ENTERPRISES, INC.

890 S. DIXIE HWY.

**CORAL GABLES FL 33146** 

Suite, Apt. #, etc.

City & State

Zip

22

Principal Place of Business	Mailing Address
18340 GULF BLVD. INDIAN SHORES FL 34635	19340 GULF BLVD. Indian Shores FL 34635
2. Principal Place of Business	2a. Mailing Address

26

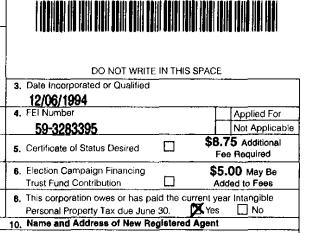
26

Suite, Apt. #, etc.

33785

City & State

## **FILED** Apr 27 1998 8:00am Secretary of State



Zip Code

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

Country

**B1** 

82

83

Name

Street Address (P.O. Box Number is Not Acceptable)

30

office or re agent. I ar	egi <mark>stered age</mark> nt, or both, in the State of Florida m f <b>amiliar with, and a</b> ccept the obligations of, s	. Such change was a Section 607.0505, Flo	uthorized by the corporal rida Statutes.	tion's board of directors. I hereby accept the appointment as	s registered
SIGNATURE					
	Signature, typed or printed name of registered agest and tisse if a		Registered Agent s gnature requi		
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PSTD	☐ DELETE	1.1 TIFL€	☐ Change	Addition
NAME	<b>BO</b> YD, J. DEAN		1.2 NAME		
STREET ADDRESS	19340 GULF BLVD.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	i <u>n</u> dian shores FL 34635		1.4 CITY - ST - ZIP		
TITLE	٧D	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	<b>BO</b> YD, STEVEN C		2.2 NAME		
STREET ADDRESS	19340 GULF BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 34635		2. 4 CITY-ST-ZIP	•	
TITLE		□ DELET <b>E</b>	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		☐ DELETE	4.1 TILLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 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.