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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 008 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000088892

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

DSB ENTERPRISES, INC.

Principal Place of Business		Mailing Address			11201001112			
19340 GULF BL	VD.	19340 GULF BLVD.						
INDIAN SHORES FL 33785		INDIAN SHORES FL 33785			DO NOT WRITE IN THIS SPACE			
US		UŠ			3. Date Incorporated or Qualifed			l
					12/06/1994			ł
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			59-3283395	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	¥ • · · · -	Additional	
22		27		5. Certificate of Status Desired	Fee R	equired		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		r w (
24	25	29 30			Personal Property Tax.	Yes	No	ļ
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered	Agent		-
	OFFICE OF HADOLD V. HICKEY	n A	81	Name				ĺ
	OFFICE OF HAROLD V. HICKEY,	r.A.	82	Street Addr	ess (P.O. Box Number is Not Acceptable)			ĺ
	S. DIXIE HWY.						-	1
CUR	AL GABLES FL 33146		83					ĺ
•			84	City	Fi	85 Zip	Code	
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes, t	he abov	e-named coro		f.changing:it	s registered	ļ
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florida	rized by Statutes	the corporation	oration submits this statement for the purpose con's board of directors. I hereby accept the appears	ointment as re	egistered	
SIGNATURE					d when reinstating) DATE			
	Signature, typed or printed name of registered agent :		13.	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	3
12.	OFFICERS AND PSTD	DELETE	1.1 TITLE		ADDITIONS/CITATOES TO CITTOETTO	☐ Change	Addition	1
NAME	BOYD, J. DEAN	,	1.2 NAME			_ ,		}
	19340 GULF BLVD.			TADORESS				8
STREET ADDRESS	INDIAN SHORES FL 34635		1.4 CITY-ST-ZIP					3
CITY-ST-ZIP			2.1 TITLE	1-211		☐ Change	Addition	(
NAME	BOYD, STEVEN C	_	2.2 NAME					ĺ
				TADDRESS				1
STREET ADDRESS	INDIAN SHORES FL 34635			ST-ZIP				
CITY-ST-ZIP TITLE	HADIAH OHOREO I E 04003		3.1 TITLE	/1-all		☐ Change	Addition	1
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS			•	
CITY-ST-ZIP			3.4. CITY-1					
TITLE			4.1 TITLE			☐ Change	☐ Addition]
NAME		-	4. 2 NAME					
STREET ADDRESS		•	4.3 STREE	T ADDRESS				1
CITY-ST-ZIP			4.4 CITY-S					
TITLE	<u> </u>	☐ DELĒTE	5.1 TITLE			☐ Change	☐ Addition	}
NAME			5.2 NAME					1
STREET ADDRESS	•		5.3 STREE	T ADDRESS				1
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				1
TITLE		. DELETE	6.1 TITLE			☐ Change	☐ Addition	1
NAME			6.2 NAME		•			1
STREET ADDRESS			6.3 STREE	TADDRESS				Ì
i sikeelADDKESS!	1			1				

6.4 CITY-ST-ZIP 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, with all other like empowered.