PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000004095**1. Corporation Name

D.S.C. GROUP, INC.

Disio. Ghoor, INC.		
D 1 1 1 D 1		
Principal Place of Rusiness	Mailian Astalaaa	,

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90085 039 ***150.00



6104 31ST ST Bradenton I US		6104 31ST ST E Bradenton FL 34203 US		DO NOT WRITE IN T	'HIS SPACE		
				3. Date Incorporated or Qualifed			
				01/13/1995			
2. Principal F	Place of Business	2a. Mailing Address	···	4. FEI Number		polied For	
21		26		65-0561759		ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	· · ·			Additional	
22		27		5. Certifcate of Status Desired		equired	
City & Sta	te	City & State		6. Election Campaign Financing			
23	<u> </u>	28		Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	This corporation owes the current year		to rees	
24	25	29	30	Personal Property Tax.	Tintangible ☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register			
			81 Name	The state of the s	eu Agent		
	CKOFF, MICHAEL D						
	11TH ST. WEST		82 Street	Street Address (P.O. Box Number is Not Acceptable)			
Bra	DENTON FL 34205		83				
			84 City			Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named			registered	
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was au actions of, Section 607.0505. Flori	horized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as re	gistered	
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou otalutes.				
- OIGHATORE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: F	tegistered Agent signature r	equired when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	TIDE TO OTT TOLKS	☐ Change	Addition	
NAME	DAN CARUSO		1.2 NAME		□ Glange	[] Addition	
STREET ADDRESS	1005 RIVERSIDE DRIVE, SLIP	F42	1.3 STREET ADDRESS			ł	
CITY-ST-ZIP	PALMETTO FL						
TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				
NAME	SAM CARUSO	_ Deterie			Change	Addition	
STREET ADDRESS	11915 UPPER MANATEE RIVE	D DOAD	2.2 NAME				
		IR HUAD	2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	BRADENTON FL ST		2. 4 C/TY-ST-Z/P				
į.	•,	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	CYNTHIA CARUSO		3.2 NAME	- marks			
STREET ADDRESS	318 MONTGOMERY AVE		3.3 STREET ADDRESS			1	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	-	Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			ł	
TITLE		☐ DELETE	5.1 TITLE				
NAME			5.2 NAME		Change	Addition	
STREET ADDRESS			5.3 STREET ADDRESS	•	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ļ	
TITLE		C DELETE	6.1 TITLE				
NAME		☐ DELETE	1		☐ Change	Addition	
			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	artify that the information as a lied		6.4 CITY-ST-ZIP			-	
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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99

(941) 758-3624 Daytime Phone # DE034 (44/00)