FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000020834 (4)

DBS GROUP, INC.

Principal Place of Business

Mailing Address



7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014		7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014					
					3. Date incorporated or 03/13/1995	Qualified 3	3a. Date of Last Report
)	Place of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			esired [\$8.75 Additional Fee Required
Oity & Sta 23		City & State	· - · · · · · · · · · · · · · · · · · ·		6. Election Campaign Fir Trust Fund Contribution	, , ,	\$5.00 May Be Added to Fees
Zip ∃.71	Country	Zip	Country				ingible tax under s 199.032,
24	[25]	29	30		Florida Statutes	Yes 🛭	-
	9. Name and Address of Curre	nt Registered Agent		4 10000	10. Name and Address	of New Regi	stered Agent
A. 11. 1			8	1 Name			
	LEN, JOHN T		8	2 Street	Address (P.O. Box Number is Not	Acceptable)	
	MIAMI LAKES DRIVE		ļ <u>.</u>	<u>_</u>			
MIAM	AII LAKES FL 33014		6	3			
			8	4 City			85 Zip Code
			1				
or respicte	t to the provisions of Sections 607.050 ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	ida. Such chande was aumoriz	rea fly the col	named or poration's	orporation submits this statement to board of directors. I hereby accept	or the purpos it the appoint	se of changing its registered office ment as registered agent. I am
SIGNATURE	_						
	Signature, typed or printed name of registers Lagur		Tt: Registered Ac	ont signature	required when reinstating)	·	DATE
12.		ID DIRECTORS	13.			3 TO OFFICE	RS AND DIRECTORS IN 12
11176	D	DEFEIE	1.1 Titu	E	D		Change Addition
NAM(CULLEN, JOHN T		1.2 NAM		BLAHE, DONALD 139 HICHLAND M		
STHEET ADDRESS			1.3 STRE	ET ADDRESS		Skaem?	CIECCE
017 t - S1 - ZIP	MIAMI LAKES FL 33014		1.4 City	- ST - 21P	Coppell, texas	7501	9
THEF		☐ DELETE	2 17tfL				Change Addition
NAME			2.2 NAM				
STREET ADDRESS			23STRE	ET ADDRESS			
C-11-S1-7#			2.4 CITY	S1 - ZIP			
THEF		DELETE	3 1 7170				☐ Change ☐ Addition
NAME:			3.2 NAMI				·
STREET ADDRESS			33 SIRE	ET ADDRESS			·
CUTY ST ZIP			3.4 CITY	ST-ZIP			
THEF		☐ DELETE	4 1 THTL				☐ Change ☐ Addition
NAMe			4 2 NAM	Ī			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY ST-ZIF	İ		4.4 CITY	ST-ZIP			
100		DELETE	5 1 THE				Change Addition
NAME			5 2 NAME				
STHELT ADDRESS			53STRE	T ADDRESS			
CIFY ST ZIF			5.4 CITY	\$1-2IP			
THEF		☐ DELETE	6. 1 T(TL)		<u> </u>		☐ Change ☐ Addition
NAME			6 2 NAME				
STREET ADDRESS			63STRE	T ADDRESS			
C:1Y-\$1-ZF			64 CITY				
	by certify that the information supplied	with this filing is voluntarily furn	ished and do	es not qua	alify for the exemption stated in Sec	tion 119.07(3)(k), Florida Statutes, I further

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 signature shall have the same legal effect as if made under appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Mona

DONALD BLANE 2/17/96 214-462-9679