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

PROFIT CORPORATION .



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State_

ANNUAL REPORT 1996 DIVISION OF OURPORATIONS **DOCUMENT #** P95000040746 (6) D'S PLACE INC. Principal Place of Business Mailing Address 4821 E. BUSCH BLVD. STE. C 4821 E. BUSCH BLVD. STE. C **TAMPA FL 33617** TAMPA FL 33617 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 2. Principal Place of Business 2a. Mailing Address Applied For 593316600 Not Applicable 26 21 Suite Apt. #, etc \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No
10. Name and Address of New Registered Agent Country Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) 82 WISHART, DENITA 4821 E. BUSCH BLVD. STE. C 83 **TAMPA FL 33617** Zin Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridu 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typed or printed rank of registers (lagerid and title if approach (NOTE: Registered Agent signature required when rehistating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND IMPLCTORS IN 12 12. DELETE ■ Addition TITLE 1 1 TITLE 12 NAME NAME WISHART, DENITA 1.3 STREET ADDRESS STREET ADDRESS 4821 E. BUSCH BLVD. STE. C 1.4 CITY - \$1 - 7IP CITY-ST-ZIP TAMPA FL 33617 Change Addition DELETE 2 1 TITLE TITLE BERT S. WISHART 4801 C. BUSCH BUYD 2 2 NAME NAME 372 C 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 2.4 CITY - ST - 2IP DELETE Change ☐ Addition 3 1 111.8 THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change [] DELETE 4 1 T-TLE Addition TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - Z-P CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armuel 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 conscration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

62 NAME

6.3 STREET ADORESS

6.4 CITY - \$1 - 2IP

SIGNATURE:

NAME

STREET ADDRESS

City-Sf-ZIP

SIGNING OFFICER OR DIRECTOR

R2E034