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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		7	DIVISION OF CORPORATIONS]		
DOCUME 1, Corporation Nat	ENT #	P9	5000045	5247 (0))					
	DY GROUP	INC.								
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Principal Place of Business 10501 NW 11 CT.			10501 NW 11 CT.							
PLANTATION FL				INTATION FL 33322						
		1						3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last	Report
2. Principal Place	of Business			ailing Address	×000	0,	1/5	4. FEI Number		Applied For
21 <i>302</i> 5	. Unive	RS1			EARY	PL	VU	65-0586771		Not Applicable
Suite, Apt. #, el	etc.	!	27 S	uite, Apt. #, etc. 518				5. Certificate of Status Desired	1 1	75 Additional e Required
City & State			City & State			6. Election Campaign Financing	_ \$5	.00 May Be		
23 PLANTATION FL			28 PLANTATION FL			Trust Fund Contribution		ded to Fees		
Zip 222 A		country	Zi	P222011	Coun	SA		8. This corporation has liability for	intangible tax under 	s 199.032,
24 <i>3332</i>	4 25	US1	-) 29 of Current Register	od Agent	30 (<i>717</i>		Florida Statutes Yes 10. Name and Address of New F		
8	g, Name and A	Address !	of Corrent negister	ed Agent		1 Nam		10.		
MUMEY, JA	ACKSON				Į.	A 0:		ess (P.O. Box Number is Not Acceptab	Na)	
10501 NW		•			['	32 Stree	et Addre	988 (P.O. BOX NUMBER IS NOT Acceptate	ле,	
	ON FL 33322				1	33				
					-	34 City			85	Zip Code
		į				1 1			FL	· .
11. Pursuant to the or registered a familiar with, a	he provisions of agent, or both, and accept the	Sections in the Sta obligation	607,0502 and 607.1 ate of Florida. Such cl as of, Section 607.05	1508, Florida Statuti hange was authoriz 05, Florida Statutes	es, the aboved by the constant of the constant	e named orporation	corpora n's board	ation submits this statement for the pu d of directors. I hereby accept the app	ointment as registe	red agent. I am
SIGNATURE	nature typed or printe	d name of re	gistered agent and title if app	ficable (NC	TE: Registered /	gent signal.	re required	when reinstating!	DATE	
12.			ICERS AND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFF		
TITLE		:		☐ DELETE	1. 1 11		ρ_{l}	RESIDENT WAS	Chan	ge 🔀 Addition
NAME		:			1.2 NA		ر این	ACKSON MUMES		İ
STREE1 ADDRESS		:				EET ADDRES		200 1100 11 00	33320	
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NAMÉ COSTA ADDRESS						EET ADDRES		ASOL DIN II CT		
STREET ADDRESS					1	Y-ST-ZIP	~ <i>'}</i>	JANTATION FL	<i>33394</i>	
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STREET ADDRESS					33 SI	REET ADDRE	SS			
CITY-ST-ZIP					3.4 CI	Y - S1 - ZIP				FT 4135
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NAME					4.2 NA					
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NAME					5 2 NA	ME REET ADDRE	۱ ,			
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CITY-ST-7IP					E 4 71	V. C1. 7ID	33			
TITLE				T DELETE		Y-S1-ZIP TLE	30		☐ Char	ige Addition
TITLE NAME	·			DELETE	6.1 TI	TLE	33		Char	ige Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 11 if changed, or on an attachment with an address. SARA B MUMEY 4/17/96 **SIGNATURE:**

64 CITY - ST - ZIP