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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046930

1. Corporation Name
DMSLIMITED, INC.



Principal Place of Business
1750 SEMORAN BLVD
WINTER PARK FL 32792

Mailing Address
1750 SEMORAN BLVD
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

59-3323156

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 6033 S.O.B.T.

Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32809

Country

25 USA

2a. Mailing Address

26 1750 Semoran Blvd.

Suite, Apt. #, etc.

27

City & State

28 Winter Park FL

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

OSSINSKY, MARC P
250 N WYMORE RD
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME POWALISZ, LARRY
STREET ADDRESS 5411 JUSTINE WAY
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VP ☒ DELETE
NAME BARTLETT, STEVE
STREET ADDRESS 7043 CITRUS PT. CT.
CITY-ST-ZIP WINTERPARK-FL 32792

TITLE S ☒ DELETE
NAME BARTLETT, DEBORAH
STREET ADDRESS 7043 CITRUS PT. CT.
CITY-ST-ZIP WINTERPARK FL 32792

TITLE T ☒ DELETE
NAME POWALISZ, MARY ANN
STREET ADDRESS 5411 JUSTINE WAY
CITY-ST-ZIP WINTERPARK FL 32792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Powalisz, Larry
1.3 STREET ADDRESS 4583 Whimbrel Pl.
1.4 CITY-ST-ZIP Winter Park FL 32792

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
02-15-99 407-577

Date

Daytime Phone #

CR2E034 (11/98)

0062131