FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P95000068094 (8)

DB SERVICES, INC.

Principal Place of Business		Mailing Address		1 (00) (00) (in onist 81)31 90(1) 00(1) 00(1) 00(1)	///
6505 96TH AVE. N.		17854 LEE AVE			
PINELLAS PARK FL 34666		STE 502 REDINGTON SHORES FL 33708		DO NOT WRITE IN THIS SPACE	
		US	·L 33/06	3. Date Incorporated or Qualified	0017101
Į.				08/31/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		59-3338547	Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Ctob		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer			10. Name and Address of New Registere	d Agent
KUMP, ALAN 81 Name				DAIN DANTECC	
17854 LEE AVE			82 Street Add	PAUL PAYLESS [ross (P.O. Box Number is Not Acceptable)	
STE 502			83	22445 SW 66 Ave.	#201
RE	DINGTON SHORES FL 33708		83	BOCA RATON	,
			84 CityBoca	a Raton, 33428 F	853 314 Q0Q0
L 11 Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this statement for the nurpose of changing its registered. I					
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					
SIGNATURE Signature, typical or provided frame of trees splicial agent and the interpretation of trees spliced agent and the interpretation of the interpr					
SIGNATURE	Signature, typed or printed name of registered age	ent cod bre it apple at a (NO	OIL Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN	ID DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	KUMP, ALAN	DELFTE	1.1 TITLE]	PTVP	X Change
STREET ADDRESS	17854 LEE AVE STE 502		1.3 STREET ADDRESS	TABLE BAYLESS	.01
CITY-ST-ZIP	REDINGTON SHORES FL		1.4 CRY-S1-ZIP	22445 SW 66 Ave #2 Boca Raton, F1 3342	
TITLE	V ₱T	DELETE		Boca Raton, F1 3342 VPT	Change Addition
NAME	ALAN KUMP		O C MALAS	Daniel Bayless	^
STREET ADDRESS	17854 LEE AVENUE, #502			22445 SW66th Ave #20	ı 1
CITY-ST-ZIP	REDINGTON SHORES FL		2 4 City - St - ZiP	Boca Raton, F1	33428
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS	r	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-7IP 4.1 TUTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Linkere	5.4 CHY+SY-7IP		Chann Address
TITLE		DELETÉ	611IILE		Change Addition
NAME CTREET ADDRESS			62 NAME		
STREET ADDRESS			6.3 STRFET ADDRESS		

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 13 if changes or on an attractment with an address.

PAUL BAYLESS PRESIDENT

4/14/98

561 7/6 5811