FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068695 (2)**

1. Corporation Name

DRC & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2151 HILLSBORO BLVD SUITE 110 DEERFIELD BEACH FL 33442	2151 HILLSBORO BLVD SUITE 110 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 09/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 313½ WORTH AVENUE
Suite, Apt. #, etc.
27: BUILDING B
City & State
28: PALM BEACH, FL
Zip 29: 33480 Country 30: USA

4. FEI Number: X Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ● Yes ☐ No

9. Name and Address of Current Registered Agent

CARIDA, DIANA M.R.
2151 HILLSBORO BLVD
SUITE 110
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 313½ WORTH AVENUE
83: BUILDING B
84 City: PALM BEACH FL 85 Zip Code: 33480

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: Diana M.R. Carida
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstated)
DATE: 1 APRIL '96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARIDA, DIANA M.R.		1.2 NAME	
STREET ADDRESS	2151 HILLSBORO BLVD STE 110		1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARIDA, ROBERT V II		2.2 NAME	
STREET ADDRESS	2151 HILLSBORO BLVD STE 110		2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARIDA, CAMILLE R		3.2 NAME	
STREET ADDRESS	2151 HILLSBORO BLVD STE 110		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Diana M.R. Carida — 1 APRIL '96 — 407-655-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)