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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000085798 (3)**

1. Corporation Name

D & S INSURANCE SERVICES, INC.



Principal Place of Business

**13650 N.W. EIGHTH ST., STE. 102
SUNRISE FL 33325**

Mailing Address

**13650 N.W. EIGHTH ST., STE. 102
SUNRISE FL 33325**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DORSCH, DELORES S
13650 N.W. EIGHTH ST., STE. 102
SUNRISE FL 33325**

81 Name

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

83

84 City

FL

85 Zip Code

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 file # (application)

(PRINT) Registered Agent signature required when reappointing

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DORSCH, DELORES S	
STREET ADDRESS	13650 N.W. EIGHTH ST., STE. 102	
CITY- ST- ZIP	SUNRISE FL 33325	
TITLE	V	☐ DELETE
NAME	DORSCH, LEWIS J	
STREET ADDRESS	13650 N.W. EIGHTH ST., STE. 102	
CITY- ST- ZIP	SUNRISE FL 33325	
TITLE	ST	☐ DELETE
NAME	NEHLS, SHERI L	
STREET ADDRESS	13650 N.W. EIGHTH ST., STE. 102	
CITY- ST- ZIP	SUNRISE FL 33325	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	

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-03/28/96--01058--033
***200.00**

25.28

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 13 if changed, or on an amendment with an address.

SIGNATURE:

DeLores S. Dorsch **DELORES S. DORSCH, 3/14/96 954-846--**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Official Phone #

CR2E034 (12/95)