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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093608 (4)

1. Corporation Name

DCAD CORPORATION



Principal Place of Business

3830 5TH AVENUE, NORTH
ST. PETERSBURG FL 33713

Mailing Address

3830 5TH AVENUE, NORTH
ST. PETERSBURG FL 33713-7521

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 499 N. STATE RD. 434

2a. Mailing Address

26 499 N. STATE RD. 434

Suite, Apt. #, etc.

22 SUITE 2029

Suite, Apt. #, etc.

27 SUITE 2029

City & State

23 ALTAMONTE SPRINGS, FL.

City & State

28 ALTAMONTE SPRINGS, FL.

Zip

24 32714

Country

25 U.S.A

Zip

29 32714

Country

30 U.S.A

9. Name and Address of Current Registered Agent

LUANGAMATH, VIENG

~~3830 5TH AVENUE, NORTH~~

~~ST. PETERSBURG FL 33713~~

499 N. STATE RD. 434, STE. 2029

ALTAMONTE SPRINGS, FL. 32714

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LUANGAMATH, VIENG

STREET ADDRESS ~~3830 5TH AVENUE, NORTH~~

CITY-ST-ZIP ~~ST. PETERSBURG FL 33713~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

499 N. STATE RD. 434 SUITE 2029
ALTAMONTE SPRINGS, FL. 32714

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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***165.00

14. I do 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.

CR2E034 (9/96)