

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90072 035 ***150.00

DOCUMENT # P96000005234

1. Corporation Name
DHS, INC.

Principal Place of Business

65 CEDAR LANE
LANTANA FL 33462
US

Mailing Address

1779 NORTH CONGRESS AVENUE, SUITE 398
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0636876

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

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

☐ Yes

☒ No

2. Principal Place of Business

21 3923 Lak Worth Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 Suite 216

23 City & State

23 Lak Worth, Florida

24 Zip

24 33461

Country

25 USA

27 City & State

28 City & State

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

HYMOWITZ, HOWARD R.
2845 HELM CT
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

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

82 201 Bonnie Blvd.

83 Apt. 222

84 City

84 Palm Springs

FL

85 Zip Code

85 33461

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 PD ☐ DELETE

NAME HYMOWITZ, HOWARD R

STREET ADDRESS 65 CEDAR LANE

CITY-ST-ZIP LANTANA FL

TITLE SD ☒ DELETE

NAME KARDELL, DALE

STREET ADDRESS 65 CEDAR LANE

CITY-ST-ZIP LANTANA FL

TITLE TD ☐ DELETE

NAME TRACHTENBERG, SCOTT

STREET ADDRESS 2 SURF RD

CITY-ST-ZIP BOYNTON BEACH FL

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

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

Date

Daytime Phone #

H. Hymowitz

4/10/99

561-963-0090