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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000008869 (5)

DTEX, INC.

Principal Place of Business Mailing Address 9640 CONCHELL MANOR 9640 CONCHELL MANOR PLANTATION FL 33324 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0642388 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HADEED, ANIS 9640 CONCSHELL MANOR 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 City 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 Stgriature, typed or printed name of registered agent and offe it applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DEL ETE Change Addition TITLE 2.1 TITLE HADEED, ANIS 1.2 NAME NAME 9640 CONCSHELL MANOR STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CHTY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition HADEED, DAVID 22 NAME NAME 9640 CONCSHELL MANOR 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY - ST - 7(P 2. 4 CITY - ST - ZIP DELETE 3 1 TITLE Change Addition TITLE HADEED, SHIRLEY NAME 3.2 NAME 9640 CONCSHELL MANOR STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL 33324 CITY - \$1 - 2IF 34. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 COTY - ST - ZIP CITY - ST - ZIP \_\_\_ DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change 6.1 TITLE ■ Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

13 I changed, or on an attachment with an address.

appears in Block 12 or Blog

SIGNATURE:

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

SHIRLEY HADEED