

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000045278 (4)

1. Corporation Name

DEDICATED RESOURCES OF FLORIDA, INC.

11-26-97



## Principal Place of Business

4723 W. ATLANTIC AVE.  
SUITE A2  
DELRAY BEACH FL 33445

## Mailing Address

4723 W. ATLANTIC AVE.  
SUITE A2  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/22/1996

## 4. FEI Number

10-0001045-65-0681045

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.☒ Yes ☒ No

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

## 22 City &amp; State

## 23 Zip

## 25 Country

24

## 2a. Mailing Address

26 Suite, Apt. #, etc.

## 27 City &amp; State

## 28 Zip

## 30 Country

29

## 9. Name and Address of Current Registered Agent

ZADOFF, JEFFRY S.  
% DEDICATED RESOURCES  
4723 W. ATLANTIC AVE., SUITE A2  
DELRAY BEACH FL 33445

## 10. Name and Address of New Registered Agent

## 81 Name

ZADOFF, Michael D.

## 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 of the person who is registered as agent for the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

D ☐ DELETE  
NAME ZADOFF, JEFFRY S.  
STREET ADDRESS 4723 WEST ATLANTIC AVENUE A-2  
CITY-ST-ZIP DELRAY BEACH FL 33445P ☐ DELETE  
NAME ZADOFF, MICHAEL D  
STREET ADDRESS 4723 WEST ATLANTIC AVE, A-2  
CITY-ST-ZIP DELRAY BEACH FL 33445☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ 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-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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.