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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050053 (3)

1. Corporation Name
D.T. SPECIALTY SERVICES, INC.

Principal Place of Business

8415 W. MCNAB RD.
TAMARAC FL 33321

Mailing Address

8415 W. MCNAB RD.
TAMARAC FL 33321-3207

3. Date Incorporated or Qualified
06/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 4460 NW 17 TR

Suite, Apt. #, etc.

22 City & State
OAKLAND PARK

23 Zip
33309

24 Country
Browns

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2a. Mailing Address

26 4460 NW 17 TR

Suite, Apt. #, etc.

27 City & State
OAKLAND PARK

28 Zip
33309

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Browns

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4. FEI Number

65-0671090

5. Certificate of Status Desired

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

WALTERS, RONALD J
8415 W. MCNAB RD.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
DONALD THOREN

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

4460 NW 17TH TERRACE

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84 City
OAKLAND PARK FL

85 Zip Code
33309

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

4-28-97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE

CR2E034 (9/96)