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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra/B. Mortflam

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600050053 (3)

D.T. SPECIALTY SERVICES, INC.

FILED Jun 03 1997 8:00am Secretary of State



AND DESCRIPTION OF THE PERSON	e of Business		Mailin Address	_						
B415 W. MCNA			8415 W. MCNAB RI TAMARAC FL 93321							
			`			3. Date Inco 06/12/19	porated or Qualified	3a. Date of I	asi Rej	port
2. Principal Pl	lace of Business	- 40	2a. Mailing Addres	SS	17 70	4. FEI Numb			App	lied For
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Sulte, Apt.	#, etc.		Suite, Apt. #, e	tc.		5. Certificate	of Status Desired	7 -	-	lditional
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^{Zip} を 33	20 [17	annes	29 333 <i>0</i> 5	30	Brown	Florida St		Yes YNo		199.032,
	9. Name and Addr	ess of Current	Registered Agent			10. Name an	d Address of New Re	gistered Agent		
WAN	TERS, BONALD J				81 Name	TO NAU!) THE	NSN		
841	S PRECNAB RD.				82 Street	Address (P.O. Box N	imber is Not Accepted	ole) CD	ACE	
TAM	MARAC FL 33324					1460 N	ω (i)	(BKZ	7\\\	
					83					
		~			84 City	TEAM EXAM	PARK	85	Z _D C	ade
						JAN LIVY		FL "	30	304
11. Pursuant	to the provisions of Sec registered agent, or bot im familiar with, and ac	tions 607.0502	año 607.1508, Florida of Florida, Such chano	a Statutes, t ie was auth	he above-named orized by the corp	corporation submits : loration's board of dir	ihis statement for the p rectors. I hereby accei	ourpose of chan of the appointm	ging its ent as ri	registered egistered
agent. I a	m familiar with, and ac	cept the obligat	tions of Section 607.0	505, Florida	Statules.		1 /		Δ-)
SIGNATURE	m Wonald	"L. (11)	You-				4	(~ ~ 0 ·	· <u>`</u>	<u>(</u>
DIGITATIONE	Signature typed or printed nar	no al Projetoren egon								
	1		and title if applicable.	(NOTE: Ro		required when reinstating)	NOVANDES TO SECI	DATE	OTO DO	161.40
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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 it made under or 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.