

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000057975 (0)**  
 1. Corporation Name  
**DSS EQUITY TRADING, INC.**



Principal Place of Business: **4400 HILLCREST DRIVE, #500 C/O DOUG SCOTT SOBEL HOLLYWOOD FL 33021**

Mailing Address: **4400 HILLCREST DRIVE, #500 C/O DOUG SCOTT SOBEL HOLLYWOOD FL 33021-7931**

3. Date Incorporated or Qualified: **07/08/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **401 NE Mizner Blvd.**

22 **PH 902**

23 **Boca Raton, FL**

24 **33432**

25 Country

26 **P.O. Box 810063**

27 Suite, Apt. #, etc.

28 **Boca Raton, FL**

29 **33481**

30 Country

4. FEI Number: **65-0675841**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**SOBEL, DOUG SCOTT**  
**4400 HILLCREST DRIVE, #500**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name: **Sobel, Doug Scott**

82 Street Address (P.O. Box Number is Not Acceptable): **401 NE Mizner Blvd**

83 **PH 902**

84 City: **Boca Raton**

85 State: **FL**

86 Zip Code: **33432**

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

Signature typed or printed in block of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOBEL, DOUG SCOTT</b>	
STREET ADDRESS	<b>4400 HILLCREST DRIVE, #500</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBBINS, SYLVIA</b>	
STREET ADDRESS	<b>4400 HILLCREST DRIVE, #500</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>401 NE Mizner Blvd, PH 902</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: **4/6/97** DAY-TIME PHONE: **561-417-0818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (9/96)