

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

FILED  
May 13 1998 8:00am  
Secretary of State

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

DOCUMENT # P97000073611 (0)  
1. Corporation Name  
DST, INC.

Principal Place of Business 4577 GUNN HWY. SUITE 150 TAMPA FL 33624	Mailing Address 4577 GUNN HWY. SUITE 150 TAMPA FL 33624
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1997	4. FEI Number 59-3465209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent TOMEQ, DAVID S 4577 GUNN HWY. SUITE 150 TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS TITLE D NAME TOMEQ, CAROL STREET ADDRESS 4577 GUNN HWY., SUITE 150 CITY-ST-ZIP TAMPA FL 33624 [ ] DELETE TITLE [ ] DELETE NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE TITLE [ ] DELETE NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE TITLE [ ] DELETE NAME [ ] DELETE STREET ADDRESS [ ] DELETE CITY-ST-ZIP [ ] DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [ ] Change [ ] Addition 1.2 NAME [ ] Change [ ] Addition 1.3 STREET ADDRESS [ ] Change [ ] Addition 1.4 CITY-ST-ZIP [ ] Change [ ] Addition 2.1 TITLE [ ] Change [ ] Addition 2.2 NAME [ ] Change [ ] Addition 2.3 STREET ADDRESS [ ] Change [ ] Addition 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE [ ] Change [ ] Addition 3.2 NAME [ ] Change [ ] Addition 3.3 STREET ADDRESS [ ] Change [ ] Addition 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE [ ] Change [ ] Addition 4.2 NAME [ ] Change [ ] Addition 4.3 STREET ADDRESS [ ] Change [ ] Addition 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME [ ] Change [ ] Addition 5.3 STREET ADDRESS [ ] Change [ ] Addition 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE [ ] Change [ ] Addition 6.2 NAME [ ] Change [ ] Addition 6.3 STREET ADDRESS [ ] Change [ ] Addition 6.4 CITY-ST-ZIP [ ] Change [ ] Addition
--	---

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.

SIGNATURE: *David S. Tomeo* 4/27/98 213-98-9993

CR2E034 (10/97)