

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

030483

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90006 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000034227**

1. Corporation Name

**DOCUMENT RETRIEVAL SERVICES OF FLORIDA, INC.**

Principal Place of Business

**300 SOUTH PINE ISLAND ROAD  
SUITE 304  
PLANTATION FL 33324**

Mailing Address

**300 SOUTH PINE ISLAND ROAD  
SUITE 304  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/13/1998**

4. FEI Number

**65-0834029**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**JEFFREY A. SARROW, P.A.  
300 SOUTH PINE ISLAND ROAD  
SUITE 304  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DEAL, JANET**  
STREET ADDRESS **1610 S.W. 100 TERRACE**  
CITY-ST-ZIP **DAVIE FL 33324**

TITLE **D** ☐ DELETE

NAME **GONZALEZ, LAYDA**  
STREET ADDRESS **19841 W. LAKE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ DELETE

NAME **ZIRKLE, CAROLYN**  
STREET ADDRESS **408 S. ANDREWS AVENUE, SUITE 201**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**8452 STATE Rd. 84  
FT. LAUDERDALE FL 33324**

**President  
Murray C. Deal  
1610 SW 100 TERRACE  
DAVIE FL 33324**

**Vice President  
Charles Zirkle  
8452 STATE Rd. 84  
FT. LAUDERDALE FL 33324**

**Treasurer  
Sergio Gonzalez  
19841 W. LAKE DR.  
MIAMI FL 33015**

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)