05-10-1999 90017 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050406

1. Corporation Name

DLS HOLDINGS, INC.

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Principal Place of Business Mailing Address												
7491 W. OAKLAND PARK BLVD. 7491 W. OAKLAND PARK BLVD												
SUITE 306			SUITE 306				DO NOT WRITE IN THIS SPACE					
LAUDERHILL FL	. 33319	LAUDENHILL FL 33319	LAUDERHILL FL 33319			-	3. Date Incorporated or Qualifed					
						"	06/03/1998					
	(m)	A Adrilia Addasa					4. FEI Number		Ann	lied For		
─ , `	lace of Business	2a. Mailing Address					2			Applicable		
21		26					0, 004102)	¢o.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75 Additional Fee Required					
City & State	e	City & State				6	5. Election Campaign Financing	\$5	л 00 .	lay Be		
23		28					Trust Fund Contribution Added to Fees					
Zip	Country Zip			Country			8. This corporation owes the current year Intangible					
24	25	29	30		_		Personal Property Tax.	☐ Yes		No		
	9. Name and Address of Currer	nt Registered Agent				10	Name and Address of New Registered	Agent				
				81	Name							
Sinkle, Debra L				82	Street Ad	drace i	(P.O. Box Number is Not Acceptable)					
	w. Oakland Park Blvd.					301033 ((1.0. Box (Aprillor) to Mot Accoptable)					
SUIT	E 306			83								
LAUI	DERHILL FL 33319							T. I				
		•		84	City		FL	85	Zip C	ode		
44 ***		00 C07 1509 Florido St	atutae the	abov.	named co	ornorati	ion submits this statement for the purpose of	changir	na its r	egistered		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	as authorize	d by	the corpora	ation's I	board of directors. I hereby accept the appoi	ntment	as reg	istered		
SIGNATURE					_					\		
GIGHAIGILE	Signature, typed or printed name of registered age	nt and title if applicable (N	NOTE: Registere		nt signature requ	uired wher						
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	D DELETE		1.17	1.1 TITLE				☐ Cha	ange	☐ Addition		
NAME	sinkle, debra		1.2 N		1.2 NAME							
STREET ADDRESS	7491 W. OAKLAND PARK BLV	D. Suite 306	UITE 306 138									
CITY-ST-ZIP	LAUDERHILL FL 33319		1,4 (CITY-S	T-ZIP							
TITLE	☐ DELETE			2.1 TITLE				☐ Chá	ange	☐ Addition		
NAME			2.21	AME								
STREET ADDRESS			2.3 \$	STREE	TADDRESS							
CITY-ST-ZIP			2 4	2 4 CITY-ST-ZIP								
TITLE		DELETE		ITLE				☐ Cha	ange	☐ Addition		
NAME I			3.2 h	NAME	1							
STREET ADDRESS		3		3.3 STREET ADDRESS								
				3.4. CITY-ST-ZIP								
CITY-ST-ZIP	<u> </u>			MLE				[] Chi	ange	Addition		
	ITTLE			4.1 IIILE 4. 2 NAME					-	_		
NAME												
STREET ADDRESS					TADDRESS							
CITY-ST-ZIP				CITY-S	T-ZIP			Chi	anna	Addition		
TITLE		☐ DELETE		TITLE					anye			
MAME	1		5.21	MAME								

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 gustee empowered to enecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

CR2E034 (11/98)