FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24170 (0)

1. Corporation Name
DSW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
95 KENDALL ST. 1121 LAKEWOOD CO 80214 US	9206 W. ALAMEDA AVE. #1121 LAKEWOOD CO 80226 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1991
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 1315 NELSON ST
22 Suite, Apt. #, etc.: #9
23 City & State: LAKEWOOD CO
24 Zip: 80215 25 Country: US

2a. Mailing Address
26: 1315 NELSON ST.
27 Suite, Apt. #, etc.: #9
28 City & State: LAKEWOOD CO
29 Zip: 80215 30 Country: US

4. FEI Number: 65-0244727 ☐ 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

WEBER, DONALD D.
11672 POINTE DRIVE CIRCLE
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 11672 POINTE CIRCLE
03
04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPTD	11 TITLE	☒ Change ☐ Addition
NAME	WEBER, DONALD D.	12 NAME	
STREET ADDRESS	915 KENDALL ST	13 STREET ADDRESS	1315 NELSON ST. #9
CITY ST ZIP	LAKEWOOD CO	14 CITY ST ZIP	LAKEWOOD, CO 80215
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEBER, JOHN D.	22 NAME	
STREET ADDRESS	1314 SW 33RD ST	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	24 CITY ST ZIP	
TITLE	VPSD	31 TITLE	☒ Change ☐ Addition
NAME	WEBER, SANDRA J.	32 NAME	
STREET ADDRESS	915 KENDALL ST	33 STREET ADDRESS	1315 NELSON ST. #9
CITY ST ZIP	LAKEWOOD CO	34 CITY ST ZIP	LAKEWOOD, CO 80215
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, BRADLEY M.	42 NAME	
STREET ADDRESS	10303 149TH ST CT E	43 STREET ADDRESS	
CITY ST ZIP	PUYALLUP WA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald Weber DONALD WEBER 4/29/95 (303)978-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481326 FP