

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:14

DOCUMENT # S41647 (6)

1. Corporation Name

DALLAS GROUP, INC.

Principal Place of Business

1025 S SEMORAN BLVD #1093  
WINTER PARK FL 32792

Mailing Address

2545 SOUTH BAYSHORE DRIVE  
SUITE 202  
COCONUT GROVE FL 33133  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
03/29/1991

3a. Date of Last Report  
07/01/1994

2. Principal Place of Business

21 8556 Lost Cove Dr.

2a. Mailing Address

26 8556 Lost Cove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32819

Country

25 USA

Zip

29 32819

Country

30 USA

4. FEI Number

59-3057939

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

10. Name and Address of New Registered Agent

F & L CORP.  
GREENLEAF BLDG.  
200 LAURA ST.  
JACKSONVILLE FL 32201-0240

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 fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MARCELLUS, DALLAS  
STREET ADDRESS 1035 S SEMORAN BLVD 1007  
CITY ST ZIP WINTER PARK FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

8556 Lost Cove Dr  
Orlando, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(k), 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:

Dallas C Marcellus

Dallas C Marcellus

6/21/95

305-374-5628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)