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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:55

DOCUMENT # **S67733** **(3)**

1. Corporation Name
DSZ CORPORATION, INC.

Principal Place of Business	Mailing Address
10748 N SARASOTA DR COOPER CITY FL 33026	10748 N SARASOTA DR COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1991**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0273442** ☐ 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

DAVIN CARL D.
10748 N. SARASOTA DRIVE
COOPER CITY FL 33026

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIN, CARL	12 NAME	
STREET ADDRESS	10748 N. SARASOTA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ZUBRIK, NADJA	22 NAME	
STREET ADDRESS	10748 N. SARASOTA DRIVE	23 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ZUBRIK, ALFONZ	32 NAME	
STREET ADDRESS	10748 N. SARASOTA DRIVE	33 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SKRABUT, PAUL	42 NAME	
STREET ADDRESS	10748 N. SARASOTA DRIVE	43 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	DAVIN, LISA	52 NAME	
STREET ADDRESS	10748 N. SARASOTA DRIVE	53 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	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 this 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 above, or on an attachment with an address.

SIGNATURE: X Lisa H Davin LISA H DAVIN X 3/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
TREASURER

Corporate Charter #

0000665 CP