FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

S84739

(9)

DCS	IN۱	/ES1	MEN	TS.	INC.

Mailing Address

2a. Mailing Address

City & State

Zid

Suite, Apt. #, etc.

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511 ROSERY ROAD #8C LARGO FL 34640

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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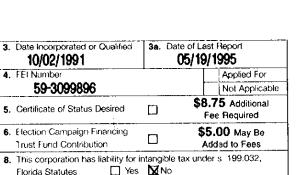
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Principal Place of Business

511 ROSERY ROAD #8C LARGO FL 34640



STEWART, CHRISTOPHER 401 ROSERY ROAD SUITE 226 LARGO FL 34640

Country

9. Name and Address of Current Registered Agent

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10. Name and Address of New Registered Agent							
11	Name						
12	Street Address (P.O. Box Number is Not Acceptable)						
33							

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.

Country

30

SIGNATURE (HRISTOPHER STEWART	PRESIDEN	<u> </u>			
Signature, typod or printeo name of registered agent and title if applicable. (NOT). He			egistered Agent signature required when reinstating: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS AND DIRECTORS Delete		1, 1 THILE	Change	Addition	
TITLE	D	C) becel	1.2 NAME		_	
NAME	STEWART, CHRISTOPHER					
STREET ADDRESS	401 ROSERY ROAD #226		1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL	F7 65 575	1.4 CITY - ST - ZIP	Change	Addition	
THUE	D	DELETE	2 1 TITLE	Change:	[_] Xoamon	
NAME	STEWART, DARYL		2.2 NAME			
STREET ADDRESS	8424A SANTA MONICA BLVD		23 STREET AUDRESS			
CHY-SI-ZIP	W. HOLLYWOOD CA		2.4 CHY-ST-ZIP			
1111.6		☐ DELETE	3. 1 T)TLE	☐ Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CiTY - ST - ZIP			3 4 CITY - ST - ZIP			
TITLE		DELFTE	4 1 TITLE	☐ Change	■ Addit:on	
NAME			4.2 NAME			
STREET ADURESS			4.3 STREET ADDRESS			
CITY-ST-ZIF			4.4 CITY - ST - ZIP		7.1	
TITLE		☐ DELFTE	5. 1 TITLE	Change	Addition	
NAME			5.2 NAMÉ			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY - ST - ZIP			
TOTLE		☐ DELETE	6 1 THTLF	☐ Change	☐ Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 119.07(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 og an attachment with an address.

SIGNATURE:

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/96 8/3-587-022 Date Destruction CR2E034 (12/95)