
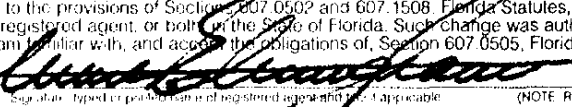
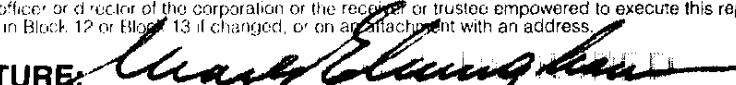


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S86591 (2)			
1. Corporation Name D.Y.S., INC.			
Principal Place of Business 1815 PELICAN WAY VERO BEACH FL 32963 US		Mailing Address 1815 PELICAN WAY VERO BEACH FL 32963-2726 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent CUNNINGHAM, CHARLES E. 1815 PELICAN WAY VERO BEACH FL 32963		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: 1-18-96 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	DELETED	
NAME	CUNNINGHAM, CHARLES E.		
STREET ADDRESS	1815 PELICAN WAY		
CITY - ST - ZIP	VERO BEACH FL		
TITLE	NAME	DELETED	
NAME	ESSAYE, TIMOTHY		
STREET ADDRESS	3339 CARDINAL DR.		
CITY - ST - ZIP	VERO BEACH FL		
TITLE	NAME	DELETED	
NAME	PETERSON, DONALD		
STREET ADDRESS	1516 SMUGGLES COVE		
CITY - ST - ZIP	VERO BEACH FL		
TITLE	NAME	DELETED	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	DELETED	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 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 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:  DATE: 1-18-97 DAYTIME PHONE: 361-234-0219			



CR2E034 (9/96)