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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	7·/	ary or State CORPORATIO	ONS		
DOCUI	MENT # V01846	3 (7)			-	
D&S	CONSULTANTS, INC.					
Principal Place of Business		Mailing Address				0111
4516 N.W. 5TH COURT		4516 N.W. 5TH COURT				
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445				
					3. Date incorporated or Qualified 12/23/1991	3a. Date of Last Report 04/18/1995
2. Principa Place of Business		2a. Mailing Abdress		4. FEI Number	Applied For	
Suite, Apt. #, etc		<b>26</b>		65-0302810	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	- \$5.00 May Be
3		28	T		Trust Fund Contribution	Added to Fees
Zip [4]	Country 25	2ip 29	Country 30		8. This corporation has liability for i	ntangible tax under s. 199.032, <b>K</b> I No
1	9. Name and Address of Current		1551		10. Name and Address of New R	
			81	Name		
KRUGER, ALLAN I. 6700 N. ANDREWS AVE.			82	Street	Address (P.O. Box Number is Not Acceptab	le;
			83			194
FT. LAU	DERDALE FL 33309	63				
			84	City		FL 85 Zip Code
familiar wit SIGNATURE :	th, and accept the obligations of Sections	on 607.0505, Florida Statutes			board of directors. Theretry accept the appointment of the property accept the accept the property accept the accept the property accept the prope	£A.E.
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE NAME	D BACCACA CHELLEVAL	<b>□</b> DELETE	1 1 111116		VICEPRESIDENT DENNIS RPABOARA	Change Addition
STREET ADDRESS	PAGOAGA, SHELLEY M. 4516 N.W. 5TH COURT		1.2 NAME 1.3 STREET		Usigna sca	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - S		DELRAY Ach, fo 32400'	
TITLE	VICE PRESIDENT	☐ DELESE	2 1 TITLE	,	Seem   Level   Parket	Change Addition
NAME	PAGORGA, DENNUE R.		2.2 NAME	ļ		
STREET ADDRESS	4516 NWSA Ct.		2.3 STREET			
CITY - ST - ZIP TITLE	DRAMY BEACH IFC.	DELETE	2 4 CiTY - S 3 1 Title	I - ZIP		Change Addition
NAME		<u></u>	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3.4 CHY 5	1 - 219		
TITLE		DEFE JE	4 THILE			Change Addition
NAME STOLET ADDDESS			4.2 NAME	ADDOCCOS		
STREET ADDRESS CITY-S1-ZIP			4.3 STREET 4.4 CiTY - S			
TITLE		DEFETE	5 1 TITLE	1 - ZIF		Change Addition
NAME			5.2 NAME			<b></b>
STREFT ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP		F) BOETS	5 4 CITY-S	1 - 219		
TITLE NAME		☐ DEFE1E	6 1 THILE			☐ Change ☐ Addition
name Street address			6.2 NAME 6.3 S188F1	ADEBESS ADEBESS		
CITY-ST-ZIP			64 CITY S			
14. Edo hereb	by certify that the information supplied w	ith this filing is voluntarily furn	ished and doe:	s not our	lify for the exemption stated in Section 119.	07(3)(k), Florida Statutes I furtirier
oath; that appears in	Tam an officer or director of the corpor Block 12 or Block 13 if changed, or or	ahon or the receiver or truste n an altachment with an addr	e enipowered) ress	o execut	icurate and triat my signature shall have the etnis report as required by Chapter 607, Fig.	orida Statutes, and that my name

SIGNATURE:

Pagoac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 06/1/96 W 4074954514