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PROFIT CORPORATION ANNUAL REPORT

1999

D & S CONSULTANTS, INC.

1. Corporation Name

DOCUMENT # V01846



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90079 038 ***150.00

FILED

Principal Place of Business Mailing Address 16271 FRUIT WAY 16271 FRUIT WAY **DELRAY BEACH FL 33484** DELRAY BEACH FL 33484 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 12/23/1991 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0302810 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee:Required=== 27 22 City & State City & State \$5,00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country ₽No 30 Personal Property Tax. 25 24 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KRUGER, ALLAN I. Street Address (P.O. Box Number is Not Acceptable) 2400 W CYPRESS CREEK RD STE 204 83 FT. LAUDERDALE FL 33309 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ↑ Change DELETE 1.1 TITLE TITLE Pagoaga, Dennis PAGUAGA, DENNIS 1.2 NAME NAME 16271 FRUIT WAY 13 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME

CITY-ST-ZIP 14. I 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 enpowered 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

"Dennis "Pagoaga

CR2E034 (11/98)