

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

APPROVED
AND
FILED

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48021 (2)

1. Corporation Name

DGA ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 393
LEHIGH ACRES FL 33970-0393

Mailing Address

P.O. BOX 393
LEHIGH ACRES FL 33970-0393

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/29/1992
3a. Date of Last Report 05/01/1994

4. FEI Number 65-0362050
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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 1335 N.W. St. Lucie W. Blvd.
Suite, Apt. #, etc. Suite # 133
22 City & State Port St. Lucie FL.
23 Zip 34986 Country St. Lucie
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

DANIEL ADVIAN
104 AVIEW AVE
LEHIGH ACRES FL 33952

1373 SW Bellevue Ave. 1335 N.W. St. Lucie W. Blvd.
Suite # 133
City Port St. Lucie FL 34953
Zip 34986

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Typed or printed name of registered agent and title if applicable

(Signature) Typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ADRIAN, DANIEL	1.2 NAME	
STREET ADDRESS	ROSENSTRASSE 12 8011	1.3 STREET ADDRESS	
CITY, ST, ZIP	HEIMSTETTEN, GERMANY	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ADRIAN, GABRIELE	2.2 NAME	
STREET ADDRESS	ROSENSTRASSE 12 8011	2.3 STREET ADDRESS	
CITY, ST, ZIP	HEIMSTETTEN, GERMANY	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 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 on an attachment with an address.

SIGNATURE:

(Signature) Typed or printed name of signing officer or director

Daniel Adrian

President

407-340-0181