

**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 APR 24 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V71908 (0)**

1. Corporation Name  
**DAS REAL ESTATE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**900 E OCEAN BLVD  
SUITE 120  
STUART FL 34994**      **900 E OCEAN BLVD  
SUITE 120  
STUART FL 34994**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/19/1992**      **04/20/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>36-3879967</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<b>23</b>	<b>28</b>	<input type="checkbox"/>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FRY, STEPHEN 900 E OCEAN BLVD SUITE 120 STUART FL 34994</b>		81 Name	<b>Michael H. Olenick</b>
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>900 E. Ocean Boulevard</b>
		83	<b>Suite 120</b>
		84 City	<b>Stuart</b>
		85 State	<b>FL</b>
		86 Zip Code	<b>34994</b>

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: Michael H. Olenick      DATE: 1/12/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHUMACHER, DONALD A</b>	1.2 NAME	
STREET ADDRESS	<b>900 E OCEAN BLVD #120</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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: Donald A. Schumacher      DATE: (312) 973-1600  
Signature, typed or printed name of signing officer or director

**Donald A. Schumacher**