

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V71908** (0)

1. Corporation Name
DAS REAL ESTATE, INC.



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

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **36-3879967**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2081 E. OCEAN BLVD.** Suite, Apt. #, etc.: **22 SUITE 2** City & State: **23 STUART, FL** Zip: **24 34996** Country: **25 U.S.A.**
2a. Mailing Address: **26 2081 E. OCEAN BLVD.** Suite, Apt. #, etc.: **27 SUITE 2** City & State: **28 STUART, FL** Zip: **29 34996** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent
**OLENICK, MICHAEL H
900 EAST OCEAN BLVD.
STE 120
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name: **THOMAS R. SAWYER**
82 Street Address (P.O. Box Number is Not Acceptable): **2081 E. OCEAN BLVD.**
83 **SUITE 2**
84 City: **STUART** FL 85 Zip Code: **34996**

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: *Thomas R. Sawyer*
Signature, typed or printed name of registered agent, and date of signature

2001L Registered Agent signature required when changing

1/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, DONALD A	
STREET ADDRESS	900 E OCEAN BLVD #120	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2081 E. OCEAN BLVD, STE. 2	
1.4 CITY-ST-ZIP	STUART, FL 34996	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Donald A. Schumacher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)