

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G21300 (0)**
1. Corporation Name
D.P.M., INC.



Principal Place of Business
**1536 S.E. 14TH STREET
CAPE CORAL FL 33990**

Mailing Address
**1536 S.E. 14TH STREET
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified **02/01/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **2151 COOK LANE**
Suite, Apt. #, etc.
22
City & State
23 **ALVA, FLORIDA**
Zip Country
24 **33920** 25 **LEE**

2a. Mailing Address
26 **2151 COOK LANE**
Suite, Apt. #, etc.
27
City & State
28 **ALVA, FLORIDA**
Zip Country
29 **33920** 30 **LEE**

4. FEI Number **59-2340977** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**TAGLIENTE, ALBERT
2151 COOK LANE
ALVA FL 33920**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature typed or printed name of registered agent (do not include title)

(NOTE: Registered Agent Signature must be handwritten)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BONANNI, RENATO	
STREET ADDRESS	15 COLLEGE PL.	
CITY-ST-ZIP	YONKERS NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAGLIENTE, ALBERT	
STREET ADDRESS	2151 COOK LANE	
CITY-ST-ZIP	ALVA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAGLIENTE, PATRICIA A.	
STREET ADDRESS	2151 COOK LANE	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONANNI, ANTONIETTA	
STREET ADDRESS	15 COLLEGE PL.	
CITY-ST-ZIP	YONKERS NY	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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: *Patricia Tagliente* **Patricia Tagliente** **April 29, 1996** **(941) 728-2178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)