

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # K54388 (9)

1. Corporation Name

DKMR CONSULTING, INC.



Principal Place of Business: **1515 SOUTH FEDERAL HIGHWAY SUITE 210 BOCA RATON FL 33432**
Mailing Address: **1515 SOUTH FEDERAL HIGHWAY SUITE 210 BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **12/21/1988**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **65-0097592**
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

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent

**CLARK, KEVIN C.
1515 S FEDERAL HIGHWAY STE 210
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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

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 of principal or officer, registered agent and title if applicable

(If 9th Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BOK, ROBERT | |
| STREET ADDRESS | 1515 S. FEDERAL HWY. | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | CLARK, KEVIN | |
| STREET ADDRESS | 1515 S. FEDERAL HWY. | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | BOK, DIANE | |
| STREET ADDRESS | 1515 S. FEDERAL HWY. | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CLARK, MICHELLE | |
| STREET ADDRESS | 1515 S. FEDERAL HWY. | |
| CITY - ST - ZIP | BOCA RATON FL | |
| 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

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

6/25/96 2036295255

CR2E034 (3/96)