

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

DOCUMENT # **F81690** (2)

1. Corporation Name

**DGM PUBLISHING, INC.**



Principal Place of Business

Mailing Address

**33 LAKEVIEW DRIVE  
RT 3. 21 LAKEVIEW DRIVE  
MARY ESTHER FL 32569  
US**

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RT 3. 21 LAKEVIEW DRIVE  
MARY ESTHER FL 32569  
US**

|                                                                                                                                                    |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/14/1982</b>                                                                                             | 3a. Date of Last Report<br><b>04/28/1995</b>                                    |
| 4. FEI Number<br><b>59-2194613</b>                                                                                                                 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                       | <b>\$8.75</b> Additional<br>Fee Required                                        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                              | <b>\$5.00</b> May Be<br>Added to Fees                                           |
| 8. This corporation has liability for intangible tax under s. 199.032<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**COLEMAN, OBE D  
33 LAKEVIEW DRIVE  
MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number is Not Acceptable) |    |
| 83. City                                               |    |
| 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 of type the principal officer of the corporation and if applicable, the registered agent (if the registered agent is not the principal officer, the signature of the principal officer is required).

(If the registered agent is not the principal officer, the signature of the principal officer is required.)

(If the registered agent is not the principal officer, the signature of the principal officer is required.)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|-------------------------------------------------------|--|
| TITLE                      | PD                  | 1.1 TITLE                                             |  |
| NAME                       | COLEMAN, OBE D      | 1.2 NAME                                              |  |
| STREET ADDRESS             | 33 LAKEVIEW DRIVE   | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MARY ESTHER FL      | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VST                 | 2.1 TITLE                                             |  |
| NAME                       | COLEMAN, VIRGINIA K | 2.2 NAME                                              |  |
| STREET ADDRESS             | 33 LAKEVIEW DRIVE   | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | MARY ESTHER FL      | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                     | 3.1 TITLE                                             |  |
| NAME                       |                     | 3.2 NAME                                              |  |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                     | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                     | 4.1 TITLE                                             |  |
| NAME                       |                     | 4.2 NAME                                              |  |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                     | 5.1 TITLE                                             |  |
| NAME                       |                     | 5.2 NAME                                              |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                     | 6.1 TITLE                                             |  |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Oba W. Coleman* President

6/09/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oba W. Coleman

DATE

Daytime Phone #

CR2E034 (3/96)