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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

F95000005506 (9)

DMO HOLDINGS CORP.

| Principal Place of                              | f Business   | Mailing Address   |   |  | -   | HILO QUILLO DUANE BUKUN 1 |                                 |
|---|--|---|---|--|---|---------------------------|---------------------------------|
| 1377 S.W. 12TH AVENUE<br>POMPANO BEACH FL 33069 |  | 1377 S.W. 12TH AVENUE<br>POMPANO BEACH FL 33069               |   |  |   |                           |                                 |
|   |  |   |   |  | 3. Date Incorporated or Qualified 11/13/1995  | 3a. Date of La            | ist Report                      |
| t. Principal Piace of Business                  |  | 2a. Mailing Address   |   |  | 4. FEI Number<br>65-0546750   |                           | Applied For                     |
| 1] Suite, Apt. #,                               | atr.   | Suite, Apt. #, etc.   |   |  | 05.0040130  |                           | Not Applicable                  |
| 2   | C. C.  | 27  |   |  | 5. Certificate of Status Desired  | 1 1                       | 3.75 Additional<br>Fee Required |
| City & State                                    | The second secon | City & State  |   |  | 6. Election Campaign Financing  |                           | 5.00 May Be                     |
| 3 <br>  | Country  | 28 Zip  | Country   |  | Trust Fund Contribution  P This corporation has liability for                                 |                           | lore 100.033                    |
| 25  |  | 29 30   |   |  | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No |                           |                                 |
|   | 9. Name and Address of Current   | Registered Agent  |   |  | 10. Name and Address of New F   | egistered Agen            | t                               |
|   |  |   | 81  1   | Name   |   |                           |                                 |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET    |  |   | 82 5  | Street Address (P.O. Box Number is Not Acceptable) |   |                           |                                 |
|   | ASSEE FL 32301-2525  | 83  |   |  |   |                           |                                 |
| 77 Mass 41 F                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |   |  |   |                           |                                 |
|   |  |   | 84  | Dity   |   | FL 85                     | Zip Code                        |
| SIGNATURE s <sub>1</sub>                        | pulture: system or proched name of registered agent an<br>OF FICERS AND  | <del>-</del>  | OTE: Rogistered Agent si                                    | gnature required                                   | when reinstating)  ADDITIONS/CHANGES TO OFF   | DATE                      | CTORS IN 12                     |
| TITLE   | PCT  | ☐ DELETE  | 1. 1 TITLE  |  |   | ☐ Chá                     | <del></del>                     |
| NAME  | OCHACHER, DONALD   |   | 1.2 NAME  |  |   |                           |                                 |
| STREET ADDRESS                                  | 1377 SW 12TH AVENUE  |   | 1.3 STREET AD   | DRESS  |   |                           |                                 |
| CITY - ST-ZIP                                   | POMPANO BEACH FL 33069   |   | 1.4 CITY - ST - 2   | ZIP  |   |                           |                                 |
| THUE  | VSVC<br>OCHACHER, MATTHEW  | ☐ DELETE  | 2 1 TIFLE   |  |   | ☐ Cha                     | inge [] Addition                |
| NAME<br>STEELT ADDRESS                          | 10807 PEACH GROVE ST   |   | 2.2 NAME<br>2.3 STREET AD                                   | INDESC   |   |                           |                                 |
| CHY-SI-ZIF                                      | NO. HOLLYWOOD CA 91601   |   | 2.4 DITY-ST-  |  |   |                           |                                 |
| THEF  | The second secon | DELETE  | 3 1 TITLE   |  |   | Cha                       | inge 🔲 Addition                 |
| NAMi  |  |   | 3.2 NAME  |  |   |                           |                                 |
| STREET ADDRESS                                  |  |   | 3 3. STREET AL  | 1  |   |                           |                                 |
| CITY+ST+ZIP<br>THLF                             |  | ☐ DELETE  | 3.4 CITY-ST-2<br>4 1 TITLE                                  | ZIP  |   | □ ch                      | inge 🗍 Addition                 |
| NAMt  |  | Пист  | 4 2 NAME  |  |   |                           | ange                            |
| STREET ADORESS                                  |  |   | 4.3 STREET AD   | DRESS  |   |                           | •                               |
| CIDY-ST-ZIF                                     |  |   | 4.4 CiTY - ST -   |  |   |                           |                                 |
| THEF  |  | DELETE  | 5 1 TITLE   |  |   | ☐ Cha                     | ange 🔲 Addition                 |
| NAME  |  |   | 5.2 NAME  |  |   |                           |                                 |
| STREET ADDRESS                                  |  |   | 53 STREET AC  |  |   |                           |                                 |
| CHY-SI-ZIP<br>THE                               |  | ☐ DELETE  | 5.4 CITY - ST   | ZiP  |   | [ ] Cha                   | ange Addition                   |
| NAME  |  |   | 6 1 TITLE<br>62 NAME  |  |   |                           | enge <u>tij</u> ziduktok        |
| STREET ADDRESS                                  |  |   | 63 STREET AD  | DRESS  |   |                           |                                 |
| City-St-ZiP                                     |  |   | 64 CITY-ST-   |  |   |                           |                                 |
| 14. I do hereby certify that the oath; that I a | certify that the information supplied wa<br>he information indicated on this annual<br>am an officer or director of this comora<br>Block 12 or block 13 if changed, or on  | report or supplemental and<br>ition or the receiver or trusti | nished and does r<br>nual report is true<br>ee empowered to | not qualify fo<br>and accurat                      | e and that my signature shall have the  | same legal effect         | as if made under                |

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

(365) 782-6448

Daytime Phone #

CR2E034 (12/9