


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

CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J56224 (5) 1. Corporation Name D.C. MARKETING SYSTEMS, INC.			
Principal Place of Business 12189 US HWY ONE NORTH PALM BEACH FL 33408		Mailing Address 12189 US HWY ONE NORTH PALM BEACH FL 33408	
		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21		3. Date Incorporated or Qualified 02/04/1987	
2a. Mailing Address 26		3a. Date of Last Report 4/19/95	
Suite, Apt. #, etc. 27		4. FEI Number 65-0078078	
City & State 28		Applied For Not Appl.	
Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addition Fee Required	
Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee:	
9. Name and Address of Current Registered Agent KAUFMANN, ELSE 14281 LEEWARD WAY PALM BCH GDNS FL 33410		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	
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 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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
1.1 TITLE P 1.2 NAME KAUFMANN, THOMAS 1.3 STREET ADDRESS 14281 LEEWARD WAY 1.4 CITY - ST - ZIP PALM BCH GDNS FL		<input type="checkbox"/> Change	
2.1 TITLE V 2.2 NAME KAUFMANN, GERHARD 2.3 STREET ADDRESS 14281 LEEWARD WAY 2.4 CITY - ST - ZIP PALM BCH GDNS FL		<input type="checkbox"/> Change	
3.1 TITLE ST 3.2 NAME KAUFMANN, ELSE 3.3 STREET ADDRESS 14281 LEEWARD WAY 3.4 CITY - ST - ZIP PALM BCH GDNS FL		<input type="checkbox"/> Change	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change	
200001845332 -05/31/96--01015--015 ***200.00		5-1-96 QEB	
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 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 orally; 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: <u>Else Kaufmann</u> See Tr. 407-6948032 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELSE KAUFMANN 4/28.96			