FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1998	• ./	F CORPORATION	ONS	Secretary	of State
	MENT # J6734	1 (4)				
D.M.J. I	MANAGEMENT, INC.					INII NINII KINII NINII ONNI ONNI NANI
Principal Plac	e of Business	Mailing Address			—)	ARK EURIU DIANI RIBIN RIBIN INF
2100 CONSTITUTION BLVD. 2100 CONSTITUTION BLVD						
STE. 171 STE. 171			,			
SARASOTA F US	L 34231	SARASOTA FL 34231	Sarasota FL 34231 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
•		00			04/07/1987	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2797271	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28			Trust Fund Contribution	Added to Fees
24	25	29	Country 30		This corporation owes or has paid the a Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Currer		[30]		10. Name and Address of New Registers	
STI	EINBERG, HERMAN		81	Name		
210	00 CONSTITUTION BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 120						
SAI	rasota fl 34231		83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the above	-named corp	F poration submits this statement for the purpose	of changing its registered
agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, I	s authorized by Florida Statutes	the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	opointment as registered
SIGNATURE						
12.	Signature, typed or printed hane of regulated age	ent and titlinit applicable (NO ID DIRECTORS	Olf Registered Ager	nt signature requi		
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	STEINBERG, HERMAN	-	1.2 NAME			
STREET ADDRESS	4152 MOSS OAK PLACE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST	-ZIP		
THILE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST 3.1 TITLE	T-ZIP		Change Addition
NAME		vittit	3.2 NAME			C Cliaride C Vocation
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST	l l		
TITLE		☐ DELFTE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	address		
CITY-ST-ZIP		FT REIFE	4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME STREET ADDRESS			5.2 NAME	Dance		
CITY-ST-ZIP			53 STREET A			
TITLE		DELETE	5.4 CITY-ST 6.1 TITLE	- car		Change Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 fuscion of the receiver of fuscion of the receiver or fuscion or

62 NAME

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mar 06 1998 8:00am