


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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L74389 (2) 1. Corporation Name D.M. HOME CONSULTANTS, INC.			
Principal Place of Business 799 MONTCLAIR RD PALM BAY FL 32905 US		Mailing Address 799 MONTCLAIR RD PALM BAY FL 32905-5010 US	
2. Principal Place of Business 21 <i>799 Montclair Road</i> Suite, Apt. #, etc. 22 <i>PALM Bay</i> City & State 23 <i>FL 32905</i> Zip Country 24 Country		2a. Mailing Address 26 <i>799 Montclair Rd</i> Suite, Apt. #, etc. 27 <i>PALM Bay</i> City & State 28 <i>FL 32905</i> Zip Country 29 Country	
3. Date Incorporated or Qualified 05/18/1990		3a. Date of Last Report 09/04/1996	
4. FEI Number 59-3074203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MENZIES, DOREEN 799 MONTCLAIR RD PALM BAY FL 32905		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 <i>Doreen Menzies</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	MENZIES, DOREEN		
STREET ADDRESS	799 MONTCLAIR RD		
CITY - ST - ZIP	PALM BAY FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	WILLIAMS, S.		
STREET ADDRESS	230 CASCO ST.		
CITY - ST - ZIP	PALM BAY FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	SINGH, MALCOM		
STREET ADDRESS	799 MONTCLAIR ROAD		
CITY - ST - ZIP	PALM BAY FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hamin Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
 DATE

Daytime Phone #
 0101227

CR2E034 (9/96)