

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 # **L85590** (2)
1. Corporation Name
D.M.O. DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**2827 NASSAU STREET
SARASOTA FL 34231**

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SARASOTA FL 34231**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1990	3a. Date of Last Report 05/31/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 65-0222692	Applied For ☐ Not Applicable ☐
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Zip	25. Zip	Country	Country	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 Registered Agent	
BALDI, DONNA 2827 NASSAU STREET SARASOTA FL 34231				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

Signature, typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALDI, PETER STEVEN	1.2 NAME	
STREET ADDRESS	2827 NASSAU ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BALDI, DONNA	2.2 NAME	
STREET ADDRESS	2827 NASSAU ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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:

Peter Baldi **Peter Baldi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96 (941) 923-5519

CR2E034 (3/96)