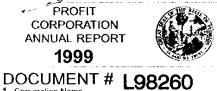
D.G.M. ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED TIVISION OF CORPORATION:

99 SEP 27 AM 9: 39



Principal Place of Business Mailing Address 156 ABC ROAD LAKE WALED FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 09/04/1990 2a. Mailing Address 2. Principal Place of Business Applied For 65-0218521 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be m Trust Fund Contribution Added to Fees 23 28 Žφ Country Country 8. This corporation owes the current year Intangible 25 24 29 30 Personal Property Tax. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOSSELIN, DAMIEN 82 Street Address (P.O. Box Number is Not Acceptable) 132 ABC RD LAKE WALES FL 33853 83 84 City Zip Code FL 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 title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 80000300659°%- IAMYON 1.1 TITLE TITLE GOSSELIN, DAMIEN 1.2 NAME NAME -10/05/99--01114--004 132 ABC ROAD STREET ADDRESS 1.3 STREET ADDRESS ****550.00 ****550.00 LAKE WALES FL 1.4 CITY-ST-ZIP DELETE Change Addition THEF 21 TITLE NAME GOSSELIN, GERMAIN 2.2 NAME 132 ABC ROAD STREET ADDRESS 23 STREET ADDRESS LAKE WALES FL 2 4 CITY-ST-ZIP CHY-ST-ZE DELETE Change Addition THE 3.1 TITLE NAME 32 NAME STREE LADORESS 3.3 STREET ADDRESS OTY-\$1-76 34 CITY-ST-ZIP DELETE THLE 4.1 TITLE [] Change ☐ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS DOLY-SE-ZIE 4.4 CITY-ST-ZIP DELETE DICE 5.1 TITLE ☐ Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C:TY-S1-Z+ 6.1 TITLE DELETE TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREETADORESS 6.4 CITY-ST-ZIP C 1Y-S1-Z42

14. I 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 supplied that annual report is true and applicate 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 representation or trustee empowered, execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or got attachment with an address, you all other like egypowered.

SIGNATURE:

9-23.99
Date Dayline Phone Phone

CR2E034 (11/98)