FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050652 (5)

1. Corporation Name
DLM SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4693 BRADY BLVD DELRAY BEACH FL 33445	4693 BRADY BLVD DELRAY BEACH FL 33445

3. Date Incorporated or Qualified 07/12/1993
3a. Date of Last Report 06/30/1995

2. Principal Place of Business	2a. Mailing Address
21 1681 SW 27th Ave	26 1681 SW 27 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Laud., FL	City & State 28 Ft. Laud, FL
Zip 24 33312 / Country 25 Broward	Zip 29 33312 / Country 30 Broward

4. FEI Number 65-0424380 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCMILLEN, DEEANN
4693 BRADY BLVD
DELRAY BEACH FL 33445

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MCMILLEN, DEEANN		1.2 NAME	McMillen, Dee Ann	
STREET ADDRESS	~~4693 BRADY BLBVD~~		1.3 STREET ADDRESS	1681 SW 27th Avenue	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	Ft. Laud., FL 33312	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	MCMILLEN, KELLY		2.2 NAME	McMillon, Kelly	
STREET ADDRESS	4693 BRADY BLVD		2.3 STREET ADDRESS	1681 SW 27th Avenue	
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP	Ft. Laud., FL 33312	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dee Ann McMillen — 8/5/96 — (954) 587-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)