FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P94000031473 (9)**

DMV, INC.

Principal Place of Business	Mailing Address
ARBOR SHORELINE - SUITE 505 19321 U.S. HWY. 19 NORTH CLEARWATER FL 34624	ARBOR SHORELINE - SUITE 505 19321 U.S. HWY. 19 NORTH CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: [redacted]
2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22
Suite Apt. # — 27
City & State — 23
City & State — 28
24 25 29 30
4. FEI Number: 72 - 1044967 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees
8. Has corporation been added or changed pursuant to 1995 F.S. Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent

TOUPS, LEON H
ARBOR SHORELINE - SUITE 505
19321 U.S. HWY. 19 N.
CLEARWATER FL 34624

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 Section 607.0505, 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 and the name and address of the registered agent and office shall be as stated in paragraph (2)(a) of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA	13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS
D TOUPS, LEON H 19321 U.S. HWY 19 N., SUITE 505 CLEARWATER FL 34624	D/P — [ ] Change [X] Addition
	S/D Toups, Lynn R. 418 Harbor View Ln. Largo, FL. 34640 — [ ] Change [X] Addition
	VP/D Toups, Victoria L. 418 Harbor View Ln. LARGO, FL. 34640 — [ ] Change [X] Addition
	VP/D Toups, Michael P. 400 Palm Dr. Largo, FL. 34640 — [ ] Change [X] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is complete, accurate and true, and I qualify for the multiple filing privilege set forth in Section 607.0505, Florida Statutes. Further, I certify that the annual report or supplemental annual report to be filed herein and the fee accompanying this report shall have the effect of a resolution of the corporation or the consent of holders approved by resolution of the board of directors as required by Chapter 607, Florida Statutes, and that any change in officers or directors shall be in accordance with the bylaws.

SIGNATURE: Leon H. Toups (LEON H. Toups) 4-30-95 813-532-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0359003 CP