

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031473 (9)

1. Corporation Name  
DMV, INC.

Principal Place of Business  
FIRST UNION BANK PLAZA  
801 WEST BAY DR. SUITE 707  
LARGO FL 33770  
US

Mailing Address  
FIRST UNION BANK PLAZA  
801 WEST BAY DR. SUITE 707  
LARGO FL 34640  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 418 Harbor View Ln. Suite, Apt. #, etc. 22 LARGO, FL. City & State 23 33770 Zip 24		2a. Mailing Address 26 418 Harbor View Ln. Suite, Apt. #, etc. 27 LARGO, FL. City & State 28 33770 Zip 29		3. Date Incorporated or Qualified 04/26/1994		4. FEI Number 72-1044967		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent TOUPS, LEON H FIRST UNION BANK PLAZA 801 WEST BAY DR. SUITE 707 LARGO FL 34640				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 418 Harbor View Ln. 83 LARGO 84 City FL 85 Zip Code 33770			
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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 LEON H. TOUPS Leon H. Toup 4/30/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOUPS, LEON H			1.2 NAME			
STREET ADDRESS	FIRST UNION BANK PLAZA, 801 W BAY DR, #707			1.3 STREET ADDRESS	418 Harbor View Ln.		
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP	LARGO, FL. 33770		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOUPS, MICHAEL P.			2.2 NAME			
STREET ADDRESS	FIRST UNION BANK PLAZA, 801 W BAY DR, #707			2.3 STREET ADDRESS	418 Harbor View Ln.		
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP	LARGO, FL 33770		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 in an attachment with an address.

SIGNATURE: Leon H. Toup LEON H. TOUPS 4/30/98 813-548-0918  
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0403069

CR2E034 (10/97)