

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 21 PM 2: 29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000032814 (3)
1. Corporation Name
DMR GROUP, INC.

Principal Place of Business 4330 NE 15 WAY OAKLAND PARK FL 33334	Mailing Address 4330 NE 15 WAY OAKLAND PARK FL 33334
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report
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2. Principal Place of Business 21 1500 NW 49TH STREET Suite, Apt. #, etc. 22 SUITE 402 City & State 23 Ft. LAUDERDALE, FL Zip 24 33309	2a. Mailing Address 26 1500 NW 49TH STREET Suite, Apt. #, etc. 27 SUITE 402 City & State 28 Ft. LAUDERDALE, FL Zip 29 33309 Country 25 USA 30 USA
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4. FEI Number 65-0487593	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOVANOVICH, NICK
100 NE 3 AVE
SUITE 400
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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 _____ (Print or type full name of registered agent and state of location) _____ (Print or type full name of registered agent and state of location) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEININGER, MATTHEW R
STREET ADDRESS	4330 NE 15 WAY
CITY ST ZIP	OAKLAND PARK FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	d/p	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Deinger, Matthew R.	
13 STREET ADDRESS	2801 N Course Dr. # K10+A	
14 CITY ST ZIP	Pompano Beach, FL 33069	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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: Matthew R. Deininger **4/11/95** 905-771-7225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MATTHEW R. DEININGER