

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000032814 (3)**

1. Corporation Name
DMR GROUP, INC.



Principal Place of Business

1500 NW 49TH ST
SUITE 402
FT LAUDERDALE FL 33309
US

Mailing Address

1500 NW 49TH ST
SUITE 402
FT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report 04/21/1995
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2101 W. COMMERCIAL BLD.	26 2101 W. COMMERCIAL BLD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 4000	27 Suite 4000
City & State	City & State
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
Zip	Zip
24 33309	29 33309
Country	Country
25 USA	30 USA

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 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 officer 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 of Receiver or Trustee (if applicable)

(NOTE: Receiver/Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<input type="checkbox"/> DELETE	13.2 NAME	
12.3 STREET ADDRESS	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<input type="checkbox"/> DELETE	13.6 NAME	
12.7 STREET ADDRESS	<input type="checkbox"/> DELETE	13.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	<input type="checkbox"/> DELETE	13.10 NAME	
12.11 STREET ADDRESS	<input type="checkbox"/> DELETE	13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	<input type="checkbox"/> DELETE	13.14 NAME	
12.15 STREET ADDRESS	<input type="checkbox"/> DELETE	13.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP	

DP
DEININGER, MATTHEW R
2801 N COURSE DR K104-A
POMPANO BEACH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew R. Deininger
Matthew R. Deininger

3/1/96 (954) 733-1700

CR2E034 (12/95)