

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

FILED
Oct 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P94000051717 (4)**

1. Corporation Name

DMG & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**7565 N.W. 15TH STREET
PLANTATION FL 33313**

**7565 N.W. 15TH STREET
PLANTATION FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

4. FEI Number

65-0499527

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **6699 Waverly Lane**

Suite, Apt. #, etc.

22 City & State

23 **LAKE WORTH, FL**

24 Zip

33467

Country

25 **FLORIDA**

2a. Mailing Address

26 **6699 Waverly Lane**

Suite, Apt. #, etc.

27 City & State

28 **LAKE WORTH, FL**

29 Zip

33467

Country

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**ALFREDSON, DENISE JOY
7565 N.W. 15TH STREET
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name **DENISE JOY ALFREDSON**

82 Street Address (P.O. Box Number is Not Acceptable)

6699 Waverly Lane

83

84 City **LAKE WORTH**

FL

85 Zip Code **33467**

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

Denise Joy Alfredson

(NOTE: Registered Agent signature required when reinstating)

8/25/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **ALFREDSON, DENISE JOY**
CITY-ST-ZIP **7565 N.W. 15TH STREET
PLANTATION FL 33313**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PTD**
1.3 STREET ADDRESS **DENISE JOY ALFREDSON**
1.4 CITY-ST-ZIP **6699 Waverly Lane
LAKE WORTH, FL. 33467**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **100002662541**
4.4 CITY-ST-ZIP **-10/13/98-01043-019
***550.00**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

CR2E034 (10/97)