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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053419 (5)

D.G. CONSULTING, INC.

14. I do hereby certify that the into information indicated on this art am an officer or director of this appears in Block 12 or Block 1

SIGNATURE:

rmation supplied w

Principal Place	e of Business	Mailing Addr	Mailing Address				-		A MANA DIDDI AN	
10216 RAINBRI RIVERVIEW FL			10216 RAINBRIDGE DR. RIVERVIEW FL 33569-4119							
							3. Date Incorporated or Qualif. 07/19/1994		ate of Last I	
2. Principal Pl	ace of Business	2a. Mailing Ad	ddress				4. FEI Number		A	pplied For
21		26					59-3256613 Not Applicable			
Suite, Apt	· ARTITUDE / / · · · · · · · · · · · · · · · · ·	27					5. Certificate of Status Desired			Additional lequired
City & State)		City & State				Election Campaign Financin Trust Fund Contribution	• 🗆) May Be I to Fees
Zip Country		Zip					8. This corporation has liability			
24	25	29	;	30			Florida Statutes		□ No	, ,,,,,,,,,
	9. Name and Address of Curr	ent Registered Ager	nt				10. Name and Address of Nev	v Registered	Agent	
	en, dann			8	1	Name				
10216 RAINBRIDGE DR. RIVERVIEW FL 33569				8	2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
THE	MAICH I C 00000			8	3	• ,				
				8	4	City		FL	85 Zip	Code
11. Porsuant t	o the provisions of Sections 607.0	502 and 607 1508. FI	orida Statute	s, the abo	Ve-	named corpo	oration submits this statement for t		f changing	its registered
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida, Such ch	nange was at	uthorized	by t	the corporation	on's board of directors. I hereby a	ccept the app	pointment a	s registered
1	Transition with, and decept the obi	iganoria or, accasir o	07.0303, 110.	ida Sibidi	.00.					
SIGNATURE	Signature, typed or printed harrin of registored a	agent and tillo il applicable	(NOTE	Registered A	gent	signature require	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN	O DIRECTO	RS IN 12
TITLE	D DELETE		DELETE	1.1 TITLE					☐ Change	Addition
NAME	GREEN, DANN		1.2 NA		E					
STREET ADDRESS	10216 RAINBRIDGE DR.			1.3 STRE	ET A	DDRESS				
CITY-ST-ZIP	RIVERVIEW FL 33569			1.4 CiTY	_	ZIP				-
TITLE	D ODEEN LINEA	L.	DELETE	2.1 TITU					Change	Addition
NAME	GREEN, LINDA			2 2 NAM						
STREET ADORESS	10216 RAINBRIDGE DR.			23 STRE						
CITY-ST-ZIP	RIVERMEW FL 33569		DC) ETC	2 4 CiT		- ZIP				1.44994
TITLE		L	DELETE	3.1 TITLE		-			L Change	Addition
NAME CARGET ACCUSES				3.2 NAM		******				
STREET ADDRESS				3.3 STRE						
CITY+ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITU		~ ZIP	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME		b	OLLLIL	4. 2 NAA					Onange	L_I Addition
STREET ADDRESS				4.2 MAN	_	Dancee				
CITY-ST-ZIP										
TITLE			DELETE	4.4 CITY 5.1 TITU		FIL			Change	Addition
NAME			-	5.2 NAM		ľ			Sire-190	
STREET ADDRESS				5.3 STRE		DUBESS				
CITY-ST-ZIP										
TITLE			DELETE	5.4 CITY 6.1 TITL		FIF			Change	Addition
NAME.		L	,	6.2 NAM		ĺ			0,00,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		_				DDDCCC				
STREET ADORESS				0.3 STRE	EIA	DDRESS				

filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fittal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tagging ent with an address.