FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:15

DOCUMENT # P94000082501 (5)

1. Corporate Name
D L M OF WEKIVA, INC.

Principal Place of Business
~~3630 WIMBLEDOM DRIVE~~
~~LAKE MARY FL 32746~~

Mailing Address
~~3630 WIMBLEDOM DRIVE~~
~~LAKE MARY FL 32746~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2145 E. Semoran Blvd
Suite, Apt. #, etc.
22
City & State
23 Apopka, FL
Zip 24 32703 Country 25

2a. Mailing Address
26 1508 Oriole Street
Suite, Apt. #, etc.
27
City & State
28 Longwood, FL
Zip 29 32759 Country 30

4. FEI Number: 59-3279706 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MAZUR, DARREN M
~~3630 WIMBLEDOM DRIVE~~ 1508
~~LAKE MARY FL 32746~~

10. Name and Address of New Registered Agent
81 Name: MAZUR, DARREN M
82 Street Address (P.O. Box Number is Not Acceptable): 1508 Oriole Street
83
84 City: Longwood FL 85 Zip Code: 32759

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: Darren Mazur President — 2-7-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZUR, DARREN M
STREET ADDRESS	3630 WIMBLEDOM DRIVE
CITY-ST-ZIP	LAKE MARY FL 32746
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1508 Oriole Street
1.4 CITY-ST-ZIP	Longwood, FL 32759
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	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing, or voluntarily furnished (and does not qualify for the exemption stated in Section 119.07(3)(i)), Florida Statutes. I further certify that the information indicated on the 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 with any changes, or on an attached sheet with an address.

SIGNATURE: Darren Mazur — 2-7-95 — 407 8847780
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0030073 CP