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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

P95000002810 (6) **DOCUMENT #** 

DMC MANAGEMENT SERVICES, INC.

Principal Place of Business 1004 DIMOUND DUID

Mailing Address

1004 DHICK BLUD



SARASOTA FL 34241		SARASOTA FL 34241						
				3. Date Incorporated or Qualified 01/11/1995 3a. Date of Last Report				
2. Principal Pla		2a. Mailing Address			4. FEI Number 65-054948	) /		Applied For
21 313 INTERSTATE CT 26 313 INT			RSTATE CT.		65-054748	36		Not Applicable
Suite, Apt. #	, etc.	Suite Apt. #, etc			5. Certificate of Status Desired See Required Fee Required			
City & State	SOTA FL	City & State 28 SARA Sor	H. FL	_	Flection Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
<sup>Zip</sup> 342	Country <b>25</b>	7/0 29 34240	Country 30		8. This corporation has liability for it Florida Statutes Yes	. •	k under :	s 199.032,
	<ol><li>Name and Address of Current</li></ol>	t Registered Agent	·		10. Name and Address of New R	egistered A	lgent	
			81	Name				
CT CORPORATION SYSTEM				Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
	PINE ISLAND ROAD		82 Street Ad					
PLANTA	TION FL 33324		83					
			84	City		FL	85 2	Zip Code
44 Days post to	the requisions of Choham 607 0503	Land CO2 1500 Ethicals Statutes	the obers t	vaniad paraara	ation submits this statement for the pur		L.I.	registered office
or registere familiar with SIGNATURE	d agent, or both, in the State of Flori i, and accept the obligations of Sect	da Such chango was authorized ion 607.0605, Florida Statules.	d by the corp	oration's board	d of directors. Thereby accept the appo	ointment as	registere	ed agent. I am
	sgrature, typed or protect native of regulated a jest OFFICERS ANI		13.	d signal be request	ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECT	ODS IN 12
12.	D OF HEIRS AN	DELETE	1 1 T!TLF	<u>T</u>	ADDITIONS/GHANGES TO OFT		7 Change	
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NAME			6.2 NAME					
STREET ADDRESS			63SIREH1	ADDRESS				
CITY-ST-ZiP		/	6.4 CiTY - S	ST - Z:P				
	certify that the information supplied	with this filma is voluntarily furnis			or the exemption stated in Section 119.	07(3)(k). Flo	rida Stal	lutes. I further

orthity that the information indicated on this annual report or supplies ental annual report is successful december 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 of the respect or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, a good attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MRCS, BOUT