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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000014222

1. Corporation Name
D.G.C. CONSULTING SERVICES, INC.

Principal Place of Business
2500 N. MILITARY TRAIL
SUITE 160
BOCA RATON FL 33431

Mailing Address
680 E. CONFERENCE DR.
BOCA RATON, FL 33486

3. Date Incorporated or Qualified: 2-17-95
3a. Date of Last Report: MAY 1, 1996
4. FEI Number: 65-0557538 (Applied For / Not Applicable)
5. Certificate of Status Desired: X ($8.75 Additional Fee Required)
6. Election Campaign Financing Trust Fund Contribution ($5.00 May Be Added to Fees)
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes / No

	Principal Address	Mailing Address
21 / 26	2500 N. MILITARY TRAIL	680 E. CONFERENCE DR.
22 / 27	Suite, Apt. #, etc.: SUITE 160	Suite, Apt. #, etc.:
23 / 28	City & State: BOCA RATON FL	City & State: BOCA RATON FL
24 / 29	Zip: 33431	Zip: 33486
25 / 30	Country: USA	Country: USA

9. Name and Address of Current Registered Agent
DANIEL G. CARLEN
680 E. CONFERENCE DR.
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent
31 Name: DANIEL G. CARLEN
32 Street Address (P.O. Box Number is Not Acceptable): 680 E. CONFERENCE DR.
33
34 City: BOCA RATON FL 35 Zip Code: 33486

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: Daniel G. Carlen — DANIEL G. CARLEN — 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.P.S. DANIEL G. CARLEN 680 E. CONFERENCE DR. BOCA RATON FL 33486 ☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	D.P.S. DANIEL G. CARLEN 680 E. CONFERENCE DR. BOCA RATON FL 33486 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/6/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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.

SIGNATURE: Daniel G. Carlen — 4-29-97 — 561-241-9244