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Sep 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000030836 (7)

1. Corporation Name

D C M & ASSOCIATES, INC.



Principal Place of Business

14539 186TH PLACE N.E.  
WOODINVILLE WA 98072

Mailing Address

14539 186TH PLACE N.E.  
WOODINVILLE WA 98072-6511

2. Principal Place of Business  
21 700 N.W. Gilman Blvd.  
Suite, Apt. #, etc.  
22 E103 - Suite 333  
City & State  
23 Issaquah WA  
Zip Country  
24 98027 25 US

2a. Mailing Address  
26 700 N.W. Gilman Blvd.  
Suite, Apt. #, etc.  
27 E103 - Suite 333  
City & State  
28 Issaquah WA  
Zip Country  
29 98027 30 US

3. Date Incorporated or Qualified 04/20/1995  
3a. Date of Last Report 04/22/1996  
4. FEI Number 59-3312380  
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

MCBRIDE, RONALD A  
1524 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 320 Osceola Avenue  
84 City Jacksonville Beach FL 85 Zip Code 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPST MINAS, DAVID C	14539 186TH PLACE N.E.	WOODINVILLE WA 98072	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		700 N.W. Gilman Blvd E103-333	Issaquah WA 98027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

David C Minas  
4/20/97  
425-313-9135

CR2E034 (9/96)