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May 05 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 # P95000034278 (8)

1. Corporation Name

DM HOLDINGS OF TAMPA, INC.



Principal Place of Business

15202 BARBY AVE.
TAMPA FL 33625

Mailing Address

15202 BARBY AVE.
TAMPA FL 33625-1559

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

08/07/1996

2. Principal Place of Business

2a. Mailing Address

21 601 N. Lois Av

25 601 N Lois Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa FL

24 Zip 33609 Country USA

27 City & State

28 Tampa FL

29 Zip 33609 Country USA

4. FEI Number

59-3307299

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

RIFFELL, PAUL E ATTY.
1319 WEST FLETCHER AVE.
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D
NAME SLATER, DENISE L
STREET ADDRESS 15202 BARBY AVE.
CITY-ST-ZIP TAMPA FL 33625

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
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28.3 STREET ADDRESS
28.4 CITY-ST-ZIP

29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/97 920-3798

CR2E034 (9/96)