FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052419 (5)

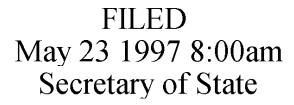
D.N.E. CONSULTANTS, INC.

Principal Place of Business

2110 N. 37TH AVENUE

Mailing Address

2110 N. 37TH AVENUE





HOLLYWOOD	HO	HOLLYWOOD FL 33021-4323												
									- 1				te of Last Report 2/1996	
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number		Ī		plied For
21				26					65-0592216				Not Applicable	
Suite, Apt. #, etc. 22				Suite, Apt #, etc.					5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23				City & State				1	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Z(p 24]		Country 25	29	Zip	3	Countr 30	ý			This corporation has liability Florida Statutes	for intengible Yes		der s.	199.032,
	9. Name	and Address of C	urrent Regist	ered Agent					10.	Name and Address of New	Registered /	gent		
EHR	ALICH, DON					81	ij	Name						
211	0 N. 37TH /	AVENUE				82	╁	Street Add	dress (P.	O. Box Number is Not Acce	ntable)			
HÔL	TAMOOD I	FL 33 021									, cabiby			
						63	9							
						84	:-	City				85	Zip (`^^de
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agent. La	to trie provis registered aç anı familiar w	ens or Sections by jent, or both, in the ith, and accept the	7,0502 and 60 State of Florid obligations of,	iz 1508, Flori la Such char , Section 607	ida Statutes nge was au 7.0505, Flori	s, the abovithorized biida Statule	/B- Oyl OS.	named cor the corpora	rporation ation's b	n submits this statement for the court of directors. I hereby ac	ne purpose of cept the app	chanç ointme	ging its ont as	s registered registered
SIGNATURE	Segretare typed	or ponted name of registe	red agent and title i	I applicable.	(NOTE:	Registered Ag	ent	t signature requ	ured when	reinstating)	DAYE			
12.		OFFICER	S AND DIREC	TORS		13.			-	DDITIONS/CHANGES TO O	FICERS AND	DIRE	CTOR	S IN 12
.TIILE	D			D	ELETE	1.1 TITLE						☐ Ch	ange	Addition
NAME	EHRLICH					1.2 NAME								
STREET ADDRESS		37TH AVE.				1.3 STREE	TA	IDDRESS						
CHTY - ST - ZIP	HOLLYW	DOD FL 33021				1.4 CITY-	ST-	-ZIP						
TOT.E				[D	ELETE	2.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ch	ange	Addition
NAME						2.2 NAME								
STREET ADDRESS						2.3 STREE	TA	DORESS						
CITY+S1+702						2. 4 CITY-		- 71P		···.				
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NAME						4. 2 NAME								
STREET ADDRESS						4.3 STREE								
-CITY-\$1-Z0*				T n	ELETE	4.4 CITY-		- ZIP				Ch	2000	Addition
TITLE				L 14	***!	5 1 TITLE						ii Uli	ดเพีย	Addition
NAME.						52 NAME		202000						
- \$188ET ADDRESS]					5 3 STREE								
CRY-ST-ZIF -TITLE	 			DI	EI ETE	54 City-:	•••	- ZIP			·	☐ Ch		Addition
				L. D	LLLIL	61 TITLE						LLJ UN	ange	MODITION
NAME						6.2 NAME								
STREET ADDRESS						63 STREE		1						
CHY-ST-ZIP	l					64 CiTY-	ST-	-ZIP						

I do hereby certily 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: