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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000059507 (0) **DOCUMENT #** 1. Corporation Name

D&M	Δ۱	I IMP	MITTE	INC.
UCIVI	ML	OIVII	410thi	1110.

Mailing Address Principal Place of Business 3599 23RD AVE S 3599 23RD AVE S LAKE WORTH FL 33461 LAKE WORTH FL 33461 3a. Date of Last Report 3. Date Incorporated or Qualified 07/31/1995 FE! Number 28. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc.

Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip Yes No Florida Statutes 30 29 24

25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

FRESHOUR, LATICIA
3599 23RD AVE \$
LAKE WORTH FL 33461

l	10. Hallie and Addition				-
81	Name				
B2	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

SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature)	required when reinstating	DATE	50 11 40
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	RS IN 12
z. ILE	D DEL	ETE 1 1 TITLE		☐ Change	☐ Addition
AME	FRESHOUR, LATICIA	1.2 NAME			
	3599 23RD AVE S	1.3 STREET ADDRESS			
REFT ADDRESS	LAKE WORTH FL 33461	1.4 CITY-ST-ZIP			
ry - ST - ZIP TLE	DANC WORTH & COVOL	ETE 2 1 TITLE		☐ Change	☐ Addition
IME		22 NAME			
REET ADDRESS		2.3 STREET ADDRESS			
		2.4 CITY- ST - ZIP			- Addition
TY-ST-ZIP	DEL	ETE 3 1 TITLE		☐ Change	☐ Addition
AMF		3.2 NAME			
REET ADORESS		3.3 STREET ADDRESS	5		
		3.4 CITY - ST - ZIP		F2.0	Pril Addition
ITY-S1-ZIP	□ DEI	ETE 4.1 TITLE	ł	☐ Change	Addition
AME		4 2 NAME	<b>,</b>		
TREET ADDRESS		4.3 STREET ADDRESS	5		
		4.4 CITY - ST - ZIP			☐ Addition
ITY-ST-ZIP	DE	LETE 5. 1 TITLE		☐ Change	☐ Applicor
AME		5.2 NAME			
THEET ADDRESS		5.3 STREET ADDRESS	S		
		5 4 CITY-ST-ZIP			- Addition
ITY-ST-ZIP ITLE	DE	LETE 6 1 TITLE		☐ Change	Additio
vAME		6.2 NAME			
		6.3 STREET ADDRESS	s (		
STREET ADDRESS		6.4 CiTY - ST - 7IP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 exproration or the ecceiver or dustree 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.

Applied For

\$8.75 Additional

Not Applicable