

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90014 047 ***550.00

DOCUMENT # **P95000066083**

1. Corporation Name

DMC CONSULTANTS, INC.

599808 - 90014 - 97



Principal Place of Business

**13237 S.W. 86TH TERRACE
MIAMI FL 33183**

Mailing Address

**P.O. BOX 468706
ATLANTA GA 31146
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1995

4. FEI Number

65-0603400

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 owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

801 S Royal Poinciana

Suite, Apt. #, etc.

Apt # 205

City & State
Minim Springs FL.

Zip **33166** **Country** **USA**

24 **33166** **25** **USA**

2a. Mailing Address

P.O. Box 4142

Suite, Apt. #, etc.

City & State
Duluth, GA

Zip **30096** **Country** **USA**

28 **30096** **29** **USA**

9. Name and Address of Current Registered Agent

**CAVENDER, DANIEL F
13237 S.W. 86TH TERRACE
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name

DANIEL CAVELDER F.

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

801 S. ROYAL POINCIANA Blvd.

83

84 City

Minim Springs

FL

33166

Zip Code

33166

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 F. CAVELDER**

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

(NOTE: Registered Agent signature required when reinstating)

7/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☒ DELETE

NAME **CAVENDER, DANIEL**
STREET ADDRESS **13237 S.W. 86TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVTS** ☒ Change ☐ Addition

1.2 NAME **DANIEL CAVELDER**
1.3 STREET ADDRESS **801 S. ROYAL POINCIANA Blvd Apt 205**
1.4 CITY-ST-ZIP **Minim Springs FL 33187**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 F. CAVELDER**

7/23/99

678-584-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0118078