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Mar 11 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 # P96000013779 (9)

1. Corporation Name:

D.J. AND L.M. CONSULTANTS, INC.

Principal Place of Business

700 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301

Mailing Address

700 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301-2077



3. Date Incorporated or Qualified

02/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 6151 Palm Trace Landing Dr.

Suite, Apt. #, etc.

22 #217

City & State

23 Davie, Fl

Zip

24 33314

Country

25

2a. Mailing Address

26 c/o Acctg. & Business Cons.

Suite, Apt. #, etc.

27 790 E. Broward Blvd., #302

City & State

28 Ft. Lauderdale, Fl

Zip

29 33301-2077

Country

30

4. FEI Number

65-0642185

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

DATSON, LISA M
830 S. PARK ROAD
#4-12
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

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

6151 Palm Trace Landing Dr., #217

83

84 City
Davie

FL

85 Zip Code
33314

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 ☐ DELETE

NAME DATSON, LISA M
STREET ADDRESS 830 SOUTH PARK ROAD #4-12
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6151 Palm Trace Landing Dr., #217

1.4 CITY-ST-ZIP Davie, Fl 33314

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Datson, Darren J.

2.3 STREET ADDRESS 6151 Palm Trace Landing Drive, #217

2.4 CITY-ST-ZIP Davie, Fl 33314

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

Date

Daytime Phone #

CR2E034 (9/96)