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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013779 (9)

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

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address					
6151 PALM TRACE LANDING DR.			C/O ACCTG. & BUSINESS CONSLTS					
#217			790 E. BROWARD BLVD #302				DO MOT WOLFE IN THE SOLOF	
DAVIE FL 33314			FT. LAUDERDALE FL 33301-2077 US				DO NOT WRITE IN THIS SPACE	
US		U	o .				3. Date Incorporated or Qualified	
9 Principal P	loos at Rusinass	3.	Mailing Address				02/14/1996 4. FEI Number Applied For	
2. Principal Place of Business			151 Dolm Twood Landing				1,45,0010	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				ng Dr. 65-0642185 Not Applicable \$8.75 Additional	
22			#217				5. Certificate of Status Desired Fee Required	
City & State			City & State					
23			28 Davie FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	1201	Zip		untry	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	33314	30		USA	Personal Property Tax due June 30. 🚨 Yes 🔲 No	
	9. Name and Address of Curre		ered Agent	1001	T		10. Name and Address of New Registered Agent	
DA	TSON, LISA M				81	Name		
6151 PALM TRACE LANDING DR., #217					AD Charl Address (D.O. Davidson in Made and Alexandria)			
****			82			Street	t Address (P.O. Box Number is Not Acceptable)	
	VIE FL 33314				83			
0 1	12 7 2 000 14					L		
					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Št a	itules, the a	bove	e-named (d corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the Stat	e of Florid	a. Such change wa	as authorize	d by	the corp	rporation's board of directors. I hereby accept the appointment as registered	
_	m temilar with, and accept the obli	ganons or,	Section 607.0505,	rionda Sia	notes	5.		
SIGNATURE	Signature, typed or printed name of registered a	pont and title i	fanticable (f	NOTE: Registere	od Age	ent signature r	re required when reinstating) DATE	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 T	ITLE		P Change X Addition	
NAME	DATSON, LISA M			1.2 N	IAME			
STREET ADDRESS	6151 PALM TRACE LANDIN	G DR., 🕏	ar 211	1.3 S	TAEET	ADDRESS		
CITY-ST-ZIP	DAVIE FL			1.4 0	ITY-S	IT-ZIP	33314	
TITLE	D		DELETE	2.1 T			. Change X Addition	
NAME	DATSON, DARREN J.			2.2 N	AME		VP	
STREET ADDRESS	ORESS 6151 PALM TRACE LANDING DR., #217			2.3 \$	2.3 STREET ADDRESS		2221/	
CITY-ST-ZIP	DAVIE FL			2.40	CITY-9	ST-ZIP	33314	
TITLE			DELETE	3.1 T	ITLE		Change Addition	
NAME				3.2 N	IAME	1		
STREET ADDRESS				3.3 S	TREET	ADDRESS		
CITY+ST-ZIP				3.4. 0	OITY-S	ST-ZIP		
TITLE			☐ DELETE	4.1 T	ITLE		Change Addition	
NAME				4.21	NAME	Į		
STREET ADDRESS				4.3 S	TREET	ADDRESS		
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP		
TITLE			DELETE	5.1 T		1	Change Addition	
NAME				5.2 N	AME			
STREET ADDRESS				5.3 S	TREET	ADDRESS	1	
CITY-ST-ZIP				5.4 C	IIY-S	T-ZIP]	
TITLE	<u> </u>		DELETE	61 T			☐ Change ☐ Addition	
NAME				6.2 N	AME			
STREET ADDRESS				6.3 S	TREET	ADDRESS	·	
CITY-ST-ZIP					ITY-S			
	ertify that the information supplied	with this fil	ing dogs not qualify				led in Section 119 07(3)(i) Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with this ming does not quality 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.

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