

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043590 (4)

1. Corporation Name  
**DMK CONSULTING CORPORATION**



Principal Place of Business  
**621 S.W. 28TH AVENUE  
FORT LAUDERDALE FL 33302**

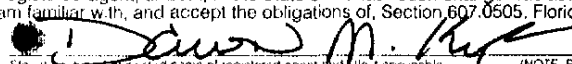
Mailing Address  
**621 S.W. 28TH AVENUE  
FORT LAUDERDALE FL 33302-2190**

3. Date Incorporated or Qualified **05/15/1996**      3a. Date of Last Report

2. Principal Place of Business 21 <b>2216 CYPRESS BEND DR.</b> Suite Apt. #, etc. <b>402</b>	2a. Mailing Address 26 <b>2216 CYPRESS BEND DR.</b> Suite Apt. #, etc. <b>402</b>	4. FEI Number <b>65-0682089</b>	Applied For Not Applicable
22 <b>POMPANO BEACH</b> City & State	27 <b>POMPANO BEACH</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>33069</b> Zip <b>USA</b> Country	28 <b>33069</b> Zip <b>USA</b> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33069</b> Zip <b>USA</b> Country	29 <b>33069</b> Zip <b>USA</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KEYS, DAWN M</b> <b>621 S.W. 28TH AVENUE</b> <b>FORT LAUDERDALE FL 33302</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2216 CYPRESS BEND DR.</b> 83 <b>SUITE 402</b> 84 City <b>POMPANO BEACH</b> FL 85 Zip Code <b>33069</b>
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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  **4-17-97**  
Sign and type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEYS, DAWN M</b>	1.2 NAME	
STREET ADDRESS	<b>621 S.W. 28TH AVENUE</b>	1.3 STREET ADDRESS	<b>2216 CYPRESS BEND DR. suite 402</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33302</b>	1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **DAWN M. KEYS** **4-17-97** **954971-3289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)