


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

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P960000244672 (9) 1. Corporation Name DMAS, Inc.					
Principal Place of Business 1665 Linhart Avenue Fort Myers, FL 33901			Mailing Address 1665 Linhart Avenue Fort Myers, FL 33901		
2. Principal Place of Business 21 1205 Cleburne Drive Suite, Apt. #, etc.		2a. Mailing Address 26 1205 Cleburne Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/20/1996	
22 City & State 23 Fort Myers, FL Zip Country 24 33919 25 U.S.		27 City & State 28 Fort Myers, FL Zip Country 29 33919 30 U.S.		4. FEI Number 65-0684863 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent Schilansky, Allison 1665 Linhart Avenue Fort Myers, FL 33901			10. Name and Address of New Registered Agent 81 Name Allison S. Gardner 82 Street Address (P.O. Box Number is Not Acceptable) 1205 Cleburne Drive 83 84 City Fort Myers FL 85 Zip Code 33919		
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 <input type="checkbox"/> DELETE NAME PSTD Schilansky, Allison STREET ADDRESS 1665 Linhart Avenue CITY-ST-ZIP Fort Myers, FL 33901 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Gardner Allison S. 1.3 STREET ADDRESS 1205 Cleburne Drive 1.4 CITY-ST-ZIP Fort Myers, FL 33919 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 300002623383 5.3 STREET ADDRESS -08/24/98--01085--024 5.4 CITY-ST-ZIP ***150.00 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **Allison S. Gardner** 7/21/98 941-275-9369

CR2E034 (10/97)

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DMAS, INC.
1205 CLEBURNE DRIVE
FORT MYERS, FL 33919
(941) 275-9369

August 11, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: DMAS, Inc.

Dear Sirs:

In connection with the above corporation, enclosed please find the following:

1. 1998 Annual Report;
2. Check in the amount of \$150.00 representing the filing fee.

Please note that we did not receive the pre-printed 1998 Annual Report form through the mail, and respectfully request that the late fee be waived in this regard.

If you would have any questions, please don't hesitate to contact the undersigned. Thank you for your attention to this matter.

Sincerely,

DMAS, Inc.



Allison S. Gardner, President

/asg
enclosures