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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044934 (3)

D & M PARTNERS, CORP.

## **FILED** Mar 31 1998 8:00am Secretary of State



Principal Plac	Mailing Ad	ailing Address				E (MONTON) THE TOTAL DRIVEN BRAIN OR THE CONTRACT OF THE CONTR		
5205 NW 64 TERRACE LAUDERHILL FL 33319-7250			5205 NW 6	5205 NW 64 TERRACE LAUDERHILL FL 33319-7250				
							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 05/28/1996
2. Principal P	lace of Busin	2a. Mailing	2a, Mailing Address				4. FEI Number Applied For	
21		26	26				<b>65-0687070</b> Not Applicable	
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27					Fee Required	
City & State	е	´	City & State				6. Election Campaign Financing \$5.00 May Be	
23			26	4				Trust Fund Contribution
Zip	<b>├</b> ┐ '			Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24 25 29 29 29 Anne and Address of Current Registered A				eni	30]			Personal Property Tax due June 30. Re Yes L No 10. Name and Address of New Registered Agent
	<del></del>		ont riogistorou Ag	,om		81	Name	10, tunio site received a transfer to general region
	M311ANSE 05 NW 64 1	N, MANUEL A						
ł		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
	UDENTILL I	FL 33319-7250				83		
						84	City	85 Zip Code
								FL   10 25 0000
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 register 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: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1 7	TLE		Change Addition
NAME	CHRIST	IANSEN, MANUEL /	4		1.2 }	IAME		
STREET ADDRESS 5205 NW 64 TERRACE				1.3 STREET ADDRESS		ADDRESS		
CRTY-ST-ZIP LAUDERHILL FL 33319-7250			0	1.4 C			T-ZIP	
TITLE				DELETE	2.1 1	ITLE		☐ Change ☐ Addition
NAME				2.2 M		IAME		
STREET ADDRESS	ADDRESS			2.3 \$		TREET	ADDRESS	
CITY-ST-ZIP						CITY-5	ST-ZIP	
TITLE	TITLE			DELETE 3.1 TO		ITLE		☐ Change ☐ Addition
NAME					321	IAME		
STREET ADDRESS	!				3.3 9	TREET	ADDRESS	
CITY-ST-ZIP		<u></u>				CITY - S	ST-ZIP	
TITLE				DELE <b>te</b>	4.1 1			Change Addition
NAME						NAME		
STREET ADDRESS					4.3 9	TREET	ADDRESS	
CITY-ST-ZIP		<del></del>		DELETE	_	ITY-S	T-ZIP	Change Addition
TITLE				DELETE	5.11			Change Addition
NAME						IAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	<u></u>			DELETE	_	HTY-S	T-ZIP	Change Addition
TITLE				DELETE	6.1 1			☐ cusuida ☐ vooiitoii [
NAME						IAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	certify that th	o information europlied	Lwith this filing doe	s not qualify f		emp		in Section 119.07(3)(i). Florida Statutes, I further certify that the information

r nereby certify mat the information supplied with this tiling 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.