## **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** # P96000050389 (1)

DMR ENTERPRISES INC. OF BROWARD

## **FILED** May 11 1998 8:00am Secretary of State



			·							
Principal Place of Business Mailing Address							141H 46191 91H	***************************************	1000 1001 1001	
3657 N.W. 19TH ST. 3657 N.W. 19TH ST. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				٦
1						06/11/1996				l
2. Principal P	lace of Business	2a. Mailing Address			,				pplied For	]
	7 NW 1957.	20			65-0671771	<u></u>		ot Applicable	4	
Suite Apt.	#, etc.	Suite, Apt. #, etc.	-/			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	Country	City & State	8 ′′			6. Election Campaign Financing Trust Fund Contribution	~ <del>_</del>			
Zip 3 3	7// 25 U-5/1.	Zip //	30 Co.	intry		<ol><li>This corporation owes or has p Personal Property Tax due Jun</li></ol>	e 30.	] Yes [	tangible ] No	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent										]
l RX	CHARDS, MILLICENT			81 Name						
3657 N.W. 19TH ST. FT. LAUDERDALE FL 33311				82 Street	Address	(P.O. Box Number is Not Accepte	iple)			1
				83						1
1				84 City	<del></del>			<b>85</b> Zip	Code	┨
				<u> </u>			<u>FL</u>	Ш.		Ţ
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta of Florida, Such change wa	tutes, the a	bove-named d by the cord	corpora poration	ition submits this statement for the is board of directors. I hereby acci	purpose of apt the appx	changing it	ts registered registered	
agent. La	egistered agent, or both, in the State of military with, and accept the obligations.	ions of Section 607.0505,	Florida Sta	tutes.			.,		. •	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (N	OTF Registere	d Agent signature	e required v	then reinstaling)	DATE			Ì,
12.	OFFICERS AND		13.	o rigorit anginarar	- regomes r	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	15
TITLE	D	DELETE	1.1 Ti	TLE				Change	Addition	13
NAME	RICHARDS, MILLICENT		1.2 N	AME	1					13
STREET ADDRESS	3657 N.W. 19TH ST., #2		1.3 STREET ADDRESS							15
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 C	TY-S1-ZIP						٤
TITLE	D	☐ DELETE	2.1 T	TLE				Change	☐ Addition	79
NAME	RICHARDS, DONNOVAN		22 N	AME .	ł					
STREET ADDRESS	3657 N.W. 19TH ST., #2		2.3 \$	TREET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33311			ITY-ST-ZIP						]
TITLE		☐ DELETE	3.1 7	TLE				Change	Addition	ı
NAME			3.2 N	AME						ı
STREET ADDRESS			3.3 5	REET ADDRESS						
CITY-ST-ZIP				TY-ST-ZIP	<u> </u>			<u> </u>		1
JULTE		☐ DELETE	4.1 70					Change	Addition	
NAME			4,21							l
STREET ADDRESS				REET ADDRESS	1					}
CITY-ST-ZIP		Florers		TY-ST-ZIP	<b>├</b> ──-			Change	Addition	-
TITLE		☐ DELETE	51 T					L CHAINGE	L. AGUIDA	
NAME			5.2 N		l					
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP		DELETE		TY - ST - ZIP	<del></del>			Change	Addition	-
TATLE		L) MILLIE	6.1 TI					change		
NAME			62 N	ì	1					
STREET ADDRESS			6.3 S	REET ADDRESS	[					1

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 suppliemental 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 or an attachment with an address.