

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Bandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000083466 (8)  
1. Corporation Name  
DECISION MANAGEMENT INTERNATIONAL OF CANADA, INC

Principal Place of Business

6544 U.S. HWY 41 NORTH  
SUITE 210  
APOLLO BEACH FL 33572

Mailing Address

6544 U.S. HWY 41 NORTH  
SUITE 210  
APOLLO BEACH FL 33572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1111 3RD AVE WEST	26	1111 3RD AVE WEST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE #250	27	SUITE #250
City & State		City & State	
23	Bradenton	28	Bradenton
Zip	Country	Zip	Country
24	34205	25	Sarasota
29	34205	30	Sarasota

3. Date Incorporated or Qualified	
10/09/1996	
4. FEI Number	Applied For
59-3425756	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACOBSON, RICHARD A 501 E. KENNEDY BLVD SUITE 1700 TAMPA FL 33802		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 hereby authorized to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: STEPHEN S. HANN 3/13/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANN, STEPHEN S	1.2 NAME	
STREET ADDRESS	906 SYMPHONY BEACH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEVENTO, GEORGE M	2.2 NAME	
STREET ADDRESS	9209 WOODHURST CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DFREZELL, TERENCE J.	3.2 NAME	
STREET ADDRESS	600 OCEAN DRIVE, 10D	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 or change of address on an attachment with an address.

SIGNATURE: [Signature] 3/13/98 94-748-8100

CR2034 (10/97)