

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

**FILED**

**Apr 08 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
--	---	---

**DOCUMENT # P96000089552 (9)**

1. Corporation Name  
**DMR CONSULTANTS, INC.**



Principal Place of Business <b>300 WOODETTE DR #603 DUNEDIN FL 34698</b>	Mailing Address <b>300 WOODETTE DR #603 DUNEDIN FL 34698-1766</b>
---	--

3. Date Incorporated or Qualified <b>10/31/1996</b>	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3410520</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite Apt. # etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

**9. Name and Address of Current Registered Agent**

**NEWMAN, FRANK T  
5101 N POEL RD  
PLANT CITY FL 33565**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PRESIDENT / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>SALVATORE V. MAIOLA</b>
STREET ADDRESS	<b>300 WOODETTE DR. #603</b>
CITY - ST - ZIP	<b>DUNEDIN, FL 34698</b>
TITLE	<b>VICE PRESIDENT / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JEROME C. DEVINE</b>
STREET ADDRESS	<b>1480 SAWMILL RD</b>
CITY - ST - ZIP	<b>DOWNINGTON, PA 19335</b>
TITLE	<b>SECRETARY / TREASURER / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAM A. REID</b>
STREET ADDRESS	<b>11740 N.W. 24TH ST.</b>
CITY - ST - ZIP	<b>PLANTATION FL 33322</b>
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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:** \_\_\_\_\_ **SIGNATURE REQUIRED** *W.A. Reid* **3-28-97 305 870 0127**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **S/ID WILLIAM A. REID** Daytime Phone #

CR2E034 (9/96)