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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000090408 (1)

1. Corporation Name

D.C.M. ENTERPRISES, INC.

Principal Place of Business

1507 SOUTHWEST 4TH AVE.
FORT LAUDERDALE FL 33315

Mailing Address

1507 SOUTHWEST 4TH AVE.
FORT LAUDERDALE FL 33315-1717



3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 320 N.E. 38TH STREET

Suite, Apt. #, etc.

22 City & State

23 OAKLAND PARK FL

24 Zip

33334

Country

2a. Mailing Address

26 320 N.E. 38TH STREET

Suite, Apt. #, etc.

27 City & State

28 OAKLAND PARK, FL

29 Zip

33334

Country

4. FEI Number

65-0710109

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOOMAR, L G ESQ.
1152 NO UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

DONALD MACDONALD

82 Street Address (P.O. Box Number is Not Acceptable)

320 N.E. 38TH STREET

83

84 City

OAKLAND PARK

FL

85 Zip Code

33334

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

1-27-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME MACDONALD, DONALD C
STREET ADDRESS 1507 SOUTHWEST 4TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD C MAC DONALD 1-27-97

Date

854-525-0110

Daytime Phone #

0274341

CR2E034 (9/96)