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 # 1. Corporation Name P96000092748 (8)

DMP SALES, INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-	HOUSE HOUSE	DAY MINDS INIS INDI
8454 ROYAL LAKES DRIVE 8454 ROYAL LAKES DRIVE								
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256								
						DO NOT WRITE IN THI	S SPACE	
,						3. Date Incorporated or Qualified		
9 Principal	Place of Business	2a. Mailing Address				11/12/1996 4. FEI Number		A - of and Fran
						1 -	\vdash	Applied For Not Applicable
21 Sulte An	1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3414148	- ¢8 -	75 Additional
22	27					5. Certificate of Status Desired		e Required
	City & State City & State					Election Campaign Financing	\$5.	.00 May Be
23	28					Trust Fund Contribution		ded to Fees
Zip	Country	Country Zip Co			untry 8. This corporation owes or has paid the current ar Intangible			
24	25 29 30			Personal Property Tax due June 30. 🔲 Yes 🔲 No				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registere	d Agent	
	ACMENAMY, WILLIAM B		['	81	Name			
50 NORTH LAURA STREET				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
2925 BARNETT CENTER								
	IACKSONVILLE FL 32202		'	83				İ
			ļ _ī	84	City	·	85	Zip Code
11 5						F		
office of agent. I	nt to the provisions of Sections 607 r registered agent, or both, in the 5 am familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the ab authorized lorida Statu	ove- l by : ites.	 named corpo the corporation. 	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changi opointmen	ng its registered it as registered
SIGNATURE								İ
Signature, typed or printed name of registered agent and title if applicable (NOTE Registere					n signature required		15 515F6	
12.	OFFICERS AND DIRECTORS DELETE		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	MCLAUGHLIN, PHYLLIS G			1.1 TITLE			L Char	nge L_ Addition
NAME	ALLA DOVAL LAVEO DONE			1.2 NAME				
STREET ADDRESS	IAOVODANIA E EL DOGGO			1.3 STREET ADDRESS				li d
CITY-ST-ZIP TITLE	UNONSOITHLE PL SEES	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		-ZIP		Char	nge
NAME			2.2 NAME				L_ Onlin	ige Radition
STREET ADDRESS					ADDRESS			
	`		2.4 CIT					
CITY-ST-ZIP TITLE	 -	DELETE	3.1 TITL		1-21r		Char	age Addition
NAME	•		3.2 NAN					
STREET ADDRESS	,				ADDRESS			
CITY-ST-ZIP			3.4 CIT					
TITLE		DELETE	4.1 7171				☐ Char	nge Addition
NAME	}		4. 2 NA	ME	1			1
STREET ADDRESS	<u>;</u>		4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CiTy					
TITLE		DELETÉ					Char	nge Addition
NAME			5.2 NAN	ΛE				
STREET ADDRESS	s 		5.3 STR	EET A	ADDRESS			}
CITY-ST-ZIP			5.4 CITY					
TITLE	<u> </u>	DELETE	6.1 T(TL				Char	ige Addition
NAME			6.2 NAN	Æ				
STREET ADDRESS			6.3 STA	EET A	ADDRESS			
CITY-ST-ZIP			6.4 Crty	/-ST-	·ZIP			1
	cortifu that the information europic	d with this filing does not qualify for				Section 119 07/3\(i) Florida Statutes, I further	portify that	the information

14. I hereby certify that the information supplied with this filling 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.

EIGNATURE: CMSPALLAND - Dhillia G. Mclauchlin

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