

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

FILED  
Aug 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045968 (9)  
1. Corporation Name  
DCMS, INC.



Principal Place of Business  
4100 NW 106TH AVENUE  
CORAL SPRINGS FL 33065

Mailing Address  
4100 NW 106TH AVENUE  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1631 NW 38 Ave 22 Suite I 23 Lauderdale, FL 24 33311 25 BROWARD		2a. Mailing Address 26 1631 NW 38 Ave 27 Suite I 28 Lauderdale, FL 29 33311 30 BROWARD		3. Date Incorporated or Qualified 05/22/1997	
				4. FEI Number 65-0753763	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No extended	

9. Name and Address of Current Registered Agent ROBERTSON, SHIRLEY P 1631 NW 38TH AVENUE LAUDERHILL FL 33311		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Henry Hernandez (Director)	1.1 TITLE	PRESIDENT + CEO (Director)
NAME	4069 NW 16 ST	1.2 NAME	Shirley P. Robertson
STREET ADDRESS	LAUDERHILL FL 33311	1.3 STREET ADDRESS	<del>4069 NW 16 ST</del>
CITY-ST-ZIP	LAUDERHILL FL 33311	1.4 CITY-ST-ZIP	<del>CORAL SPRINGS FL 33065-9145</del>
TITLE	Jacob Smith (Director)	2.1 TITLE	Secretary/Treasurer
NAME	4069 NW 16 ST	2.2 NAME	Beverly Kinlock
STREET ADDRESS	LAUDERHILL FL 33311	2.3 STREET ADDRESS	3511 SW 36 CT
CITY-ST-ZIP	LAUDERHILL FL 33311	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT & CEO
NAME		3.2 NAME	Shirley P. Robertson
STREET ADDRESS		3.3 STREET ADDRESS	1631 NW 38 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAUDERHILL FL 33311
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE: 

A/24/98 (954)316-6771

CR2E034 (10/97)