

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90091 017 \*\*\*150.00

**DOCUMENT # P98000089340**

1. Corporation Name  
**DM IMPORTS, INC.**



Principal Place of Business  
757 HWY 98 E. SUITE 14-264  
DESTIN FL 32541

Mailing Address  
757 HWY 98 E. SUITE 14-264  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/19/1998**

2. Principal Place of Business	2a. Mailing Address
21 <b>39 INDIAN BAYOU DRIVE</b>	26 <b>DM IMPORTS, INC</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>39 INDIAN BAYOU DRIVE</b>
City & State	City & State
23 <b>DESTIN, FL</b>	28 <b>DESTIN, FL</b>
Zip Country	Zip Country
24 <b>32541</b> 25 <b>OKLAHOMA</b>	29 <b>32541</b> 30 <b>USA</b>

4. FEI Number	Applied For
<b>59-3548014</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A**  
**501 HWY 98, SUITE G**  
**DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, DAVE</b>	1.2 NAME	
STREET ADDRESS	<b>757 HWY 98 E, SUITE 14-264</b>	1.3 STREET ADDRESS	<b>39 INDIAN BAYOU DRIVE</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	1.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SISSON, MIMI</b>	2.2 NAME	
STREET ADDRESS	<b>757 HWY 98 E, SUITE 14-264</b>	2.3 STREET ADDRESS	<b>39 INDIAN BAYOU DRIVE</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	2.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dave Sisson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 15, 1999** **850-650-4842**  
Date Daytime Phone #

CR2E034 (1/98)