


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90083 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100271					
1. Corporation Name D. M. A. SERVICES CORP.					
Principal Place of Business 2253 NE 30TH STREET LIGHTHOUSE POINT FL 33064			Mailing Address 2253 NE 30TH STREET LIGHTHOUSE POINT FL 33064		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2a. Mailing Address					
21 26			3. Date Incorporated or Qualified 11/24/1998		
22 27			4. FEI Number 450878973		
23 28			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
24 29			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
25 30			7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ASHLEY, DAVID M 2253 NE 30TH STREET LIGHTHOUSE POINT FL 33064			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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					
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 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 in an attachment with an address with all other like empowered.					

SIGNATURE: X

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)