

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S42926** (3)

1. Corporation Name  
**D.B. CONSULTANTS, INCORPORATED**



Principal Place of Business

**2 E. TROPICAL WAY  
PLANTATION FL 33317  
US**

Mailing Address

**2 E. TROPICAL WAY  
PLANTATION FL 33317  
US**

3. Date Incorporated or Qualified <b>04/01/1991</b>	3a. Date of Last Report <b>01/19/1995</b>
4. FEI Number <b>65-0263298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2097 SW 29 Avenue</b> Suite, Apt. #, etc.	26 <b>2097 SW 29 Avenue</b> Suite, Apt. #, etc.
22 City & State <b>Ft. Lauderdale, FL</b>	27 City & State <b>Ft. Lauderdale, FL</b>
23 Zip <b>33312</b>	28 Zip <b>33312</b>
24 Country <b>USA</b>	29 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**BOWMAN, DAVID P.  
2 E. TROPICAL WAY  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 State	86 Zip Code
	<b>2097 SW 29 Avenue</b>		<b>Ft. Lauderdale</b>	<b>FL</b>	<b>33312</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* **DAVID P. Bowman** **3-7-96**  
Signature of registered agent or registered agent in charge. (NOTE: Registered Agent signature required when renouncing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, DAVID P.</b>	2. NAME
STREET ADDRESS	<b>2 E. TROPICAL WAY</b>	3. STREET ADDRESS <b>2097 SW 29 Avenue</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	4. CITY-ST-ZIP <b>Ft. Lauderdale, FL 33312</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME
STREET ADDRESS		7. STREET ADDRESS
CITY-ST-ZIP		8. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME
STREET ADDRESS		11. STREET ADDRESS
CITY-ST-ZIP		12. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-ST-ZIP		16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **David P. Bowman** **3-7-96** **954-791-8340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)