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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S4292

(3)

D.B. CONSULTANTS, INCORPORATED

(

FILED Jan 26 1998 8:00am Secretary of State

Principal Piac	e of Business	Mailing Address			I AMBITANIN IFF WINCH FOR REPTIN 1984 A		IIEII EIBI: Bib!	A BIRILIBRI
2097 SW 297	· · · · · · · · · · · · · · · · · · ·	2097 SW 29TH AVENUE						
FT. LAUDER!	DALE FL 33312		FT. LAUDERDALE FL 33312 US		DO NOT WRITE IN THIS SPACE			
		••			3. Date Incorporated or Qualified			
					04/01/1991			
	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			oplied For
21	* -1-	26			65-0263298			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	ie	City & State			6. Election Campaign Financing	, -	\$5.00	
23		28	-		Trust Fund Contribution		Added 1	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has p	aid the curr	ent year int	angible
24	25	29	30		Personal Property Tax due June			□ No
	9. Name and Address of Curre	nt Registered Agent		04 Name	10. Name and Address of New Ro	egistered A	gent	
	OWMAN, DAVID P.]	81 Name				
1	97 SW 29TH AVENUE		ļ	82 Street Addr	ess (P.O. Box Number is Not Accepta	bie)		
1	. LAUDERDALE FL 33312		ļ	83				
1				84 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	i02 and 607 1508. Florida Statut	es the at	nove-named corr	poration submits this statement for the		changing if	s registered
office or	registered agent, or both, in the Stat	e of Fiorida, Such change was a	authorized	d by the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appo	sintment as	registered
1	im familiar with, and accept the obli	Jations of, Section 607.0505, Fig	origa Siai	utes.		•		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered	Agent signature requir	red when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1,1 TIT	TLE		, ,	Change	Addition
NAME	BOWMAN, DAVID P.		1.2 NA	IME				
STREET ADDRESS	2097 SW 29TH AVENUE		1.3 ST	REET ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL		_	TY-ST-ZIP				
TITLE		☐ DELETE	2,1 111	J			∐ Change	Addition
NAME			2.2 NA					
STREET ADDRESS			1	ł l				
CITY-ST-ZIP			2.3 ST	REET ADDRESS				
		The state of the s	2.3 ST 2. 4 CI	REET ADDRESS ITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , 	Charac	Даажа -
TITLE		☐ DELETE	2.3 ST 2. 4 CI 3.1 TR	REET ADDRESS ITY-ST-ZIP TLE		 -	Change	Addition
TITLE NAME		☐ DELETE	2.3 ST 2. 4 CI 3.1 TR 3.2 NA	REET ADDRESS ITY-ST-ZIP TLE		" 	Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2. 4 Cl 3.1 TR 3.2 NA 3.3 ST	REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 ST 2. 4 Cl 3.1 TR 3.2 NA 3.3 STI 3.4. Cl	REET ADDRESS ITY-SI-ZIP ILE MME REET ADDRESS ITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 CI 3.1 TR 3.2 NA 3.3 STI 3.4. CI 4.1 TR	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE			Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 ST 2. 4 Cl 3.1 TR 3.2 NA 3.3 ST 3.4 Cl 4.1 Tr 4. 2 NA	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME OTHERST ADDRESS			2.3 ST 2. 4 CI 3.1 TR 3.2 NA 3.3 STI 3.4. CI 4.1 TR 4. 2 N/ 4.3 STI	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COMMETT ADDRESS CITY-ST-ZIP			2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII	REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS IY-ST-ZIP ILE AME REET ADDRESS IY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CONSET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI 4.1 TIT 4.2 NV 4.3 STI 4.4 CI 5.1 TIT	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME COMMETT ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 CU 3.1 TT 3.2 NA 3.3 ST 3.4 CU 4.1 TT 4.2 NA 4.3 ST 4.4 CU 5.1 TT 5.2 NA	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CONSECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME TITLE NAME		☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 3 ST 2 4 Cl 3.1 TT 3.2 NA 3.3 ST 3.4 Cl 4.1 TT 4.2 N/ 4.3 ST 4.4 CD 5.1 TT 5.2 NA 5.3 ST 5.4 Cl	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE			Change Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2 3 ST 2 4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TH 4.2 N/ 4.3 ST 4.4 CI 5.1 TH 5.2 NA 5.3 ST 6.1 TT 6.2 NA 6.3 ST	REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE MME REET ADDRESS IY-ST-ZIP TLE			Change Change	Addition

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 of the receiveror 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 ghist all although the mith an address.

SIGNATURE:

1-19-98

954-791-8340