

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **V26100** ✓

1. Corporation Name
DM FINANCIAL, INC.

Principal Place of Business
**240 SOUTH PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236**

Mailing Address
**240 SOUTH PINEAPPLE AVENUE
10TH FLOOR
SARASOTA FL 34236**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90001 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1992

4. FEI Number

65-0324302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**DORE, STEVE
1345 MAIN STREET
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

Rebecca Proctor

82 Street Address (P.O. Box Number is Not Acceptable)

240 S. Pineapple Avenue

83

Tenth Floor

84

Sarasota

FL

85

**Zip Code
34230**

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 *Rebecca Proctor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/1/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BAND, DAVID S.**
STREET ADDRESS **240 S. PINEAPPLE AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **COLLIER, RONALD L.**
STREET ADDRESS **240 S. PINEAPPLE AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *David S. Band* David S. Band, Pres.

Date **7/1/99**

Daytime Phone # **941-366-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON
CHARTERED

V26100
588459-90001-13

HUNTINGTON PLAZA
240 SOUTH PINEAPPLE AVENUE
P.O. BOX 49948
SARASOTA, FLORIDA 34230-6948

WATS (FROM TAMPA) 645-7105
PHONE (941) 366-6660
FAX (941) 366-3999

TANDEM CENTER
SUITE 199
333 TAMiami TRAIL SOUTH
VENICE, FLORIDA 34285

PHONE (941) 485-8200
FAX (941) 488-9436

<http://www.abelband.com>

ATTORNEYS AND COUNSELORS AT LAW

ANTHONY J. ABATE
SARALYN ABEL
DAVID S. BAND
KATHRYN ANGELL CARR *
STEVEN J. CHASE**
RONALD L. COLLIER
KATHLEEN M.P. DAVIS
KENNETH D. DOERR

HARVEY J. ABEL

CHERYL L. GORDON
SCOTT E. GORDON*
SCOTT A. HAAS
BENJAMIN R. HANAN
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JEFFREY S. RUSSELL*
MICHAEL S. TAAFFE****
DAVID S. WATSON
JOHN W. WEST III

JOHNSON S. SAVARY

ADDITIONAL JURISDICTIONS

DAVID S. BAND - DC & MD
RONALD L. COLLIER - PA & NJ
ANTHONY J. ABATE - IL
STEVEN J. CHASE - GA
MICHAEL S. TAAFFE-NJ & NY
DAVID S. WATSON - PA
SCOTT E. GORDON - OH
RICHARD W. COONEY - NY
JOHN W. WEST III - DC
JAMES F. KIELY - NY

*Board Certified Real Estate Lawyer
**Board Certified Civil Trial Lawyer
***Board Certified Business Bankruptcy Law
American Board of Certification
****Board Certified Business Litigation Lawyer

Reply To: Sarasota

July 6, 1999

Please refer to our file number:

4030-1
Writer's Direct Line:
(941) 364-2728
Writer's Direct E-mail:
RProctor@Abelband.com

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: DM Financial, Inc.

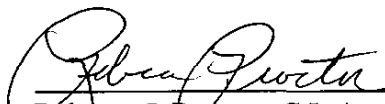
Dear Sir or Madam:

Enclosed for filing is the 1999 Annual Report for the referenced corporation, together with a check in the amount of \$150.00 to cover the filing fee. Please note that we attempted to filed this Report on 4-22-99 under the name of BC Financial, Inc. (copy enclosed). I was told that your office would file this Report without the penalty assessed since it was previously attempted to be filed.

Thank you for your assistance in this matter. If you have any questions regarding the enclosed Report, please contact me.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER,
PITCHFORD & GORDON, CHARTERED


Rebecca J. Proctor, C.L.A.
Certified Legal Assistant

/rjp
Enclosures
#441108