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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V46772

(2)

1. Corporation Name  
D.M.J. OF SAINT LUCIE, INC.



Principal Place of Business  
158 N.W. DORCHESTER ST.  
PORT ST. LUCIE FL 34983

Mailing Address  
158 N.W. DORCHESTER ST.  
PORT ST. LUCIE FL 34983-1633

3. Date Incorporated or Qualified  
06/24/1992

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business  
21 157 N.W. Hibiscus St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 13003  
Suite, Apt. #, etc.

4. FEI Number  
65-0341851

Applied For  
Not Applicable

22 Port St. Lucie Fla.  
City & State

27 Fort Pierce Fla.  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 34983  
Zip

28 34979  
Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be

24 Country

29 Country

8. This corporation has liability for intangible tax under s. 199.001,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, DOUGLAS M.  
158 N.W. DORCHESTER ST.  
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE D ☐ DELETE  
NAME MILLER, DOUGLAS M.  
STREET ADDRESS 158 N.W. DORCHESTER ST.  
CITY-ST-ZIP PORT ST. LUCIE 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

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 157 N.W. Hibiscus St.  
1.4 CITY-ST-ZIP Port St. Lucie FL 34983

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 do 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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

Date

361 878 5893

Daytime Phone #

CR2E034 (9/96)