FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:00

DOCUMENT # V53433 (1)

1. Corporation Name
DMI GROUP, INC.

Principal Place of Business	Mailing Address
2642 FOREST HILL BLVD WEST PALM BEACH FL 33414 US	2642 FOREST HILL BLVD WEST PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 65-0361608 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: 33406
Country — 25:
Zip — 29: 33406
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GODSHALL, DAVID F.
935 BRIARWOOD DR
WEST PALM BEACH FL 33415

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: PRES. DAVID F. GODSHALL
(Signature of, and 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		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GODSHALL, DAVID F.	1.2 NAME		
STREET ADDRESS	935 BRIARWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PALMER, MATHEW, JR.	2.2 NAME		
STREET ADDRESS	2710 NW 88 TERR	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	PALMER, JOSEPHINE C.	3.2 NAME		
STREET ADDRESS	2710 NW 88 TERR	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GODSHALL PATRICIA P	4.2 NAME		
STREET ADDRESS	935 BRIARWOOD DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Mathew Palmer Jr. 1/16/95 (305) 752-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MATHEW PALMER, JR

0245036 CP