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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V53433

1. Corporation Name
DMI GROUP, INC.

Principal Place of Business
935 BRIARWOOD DRIVE
WEST PALM BEACH FL 33415
US

Mailing Address
935 BRIARWOOD DRIVE
WEST PALM BEACH FL 33415
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2710 NW 88TH TERRACE		26 2710 NW 88TH TERRACE		07/24/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0361608	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 CORAL SPRINGS FL.		28 CORAL SPRINGS FL.		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		Zip Country			
24 33065-5353 25 US		29 33065-5353 30 US			

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)	9400 SE POINT TERRACE
83	
84 City	JUPITER FL
85 Zip Code	33469

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODSHALL, DAVID F.	1.2 NAME	
STREET ADDRESS	935 BRIARWOOD DR	1.3 STREET ADDRESS	9400 SE POINT TERRACE
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	JUPITER, FL 33469
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODSHALL PATRICIA P	4.2 NAME	
STREET ADDRESS	935 BRIARWOOD DR	4.3 STREET ADDRESS	9400 SE POINT TERRACE
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	JUPITER, FL 33469
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: W. MATHEW PALMER, JR. 4/5/99 (954) 227-8918
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #