

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 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 # 849713 (3)
 1. Corporation Name
DBK INVESTMENTS, LIMITED INCORPORATED



Principal Place of Business C/O SNOOK MOTEL 3033 W GULF DR SANIBEL FL 33957	Mailing Address C/O SNOOK MOTEL 3033 W GULF DR SANIBEL FL 33957-5609
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3. Date Incorporated or Qualified 07/14/1981	3a. Date of Last Report 04/04/1996
4. FEI Number 59-1784389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent
COCHRAN, BRUCE
C/O 3033 W GULF DR
SANIBEL FL 33957

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRUMMOND, KEVIN	
STREET ADDRESS	RT 202	
CITY - ST - ZIP	QUEBEC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRUMMOND, DEREK A	
STREET ADDRESS	4373 MONTROSE AVE	
CITY - ST - ZIP	WESTMOUNT QUEBEC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRODEUR, BARBARA	
STREET ADDRESS	565 ROSLYN AVE	
CITY - ST - ZIP	WESTMOUNT QUEBEC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRODEUR, JAMES H	
STREET ADDRESS	565 ROSLYN AVE	
CITY - ST - ZIP	WESTMOUNT QUEBEC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, ANNE	
STREET ADDRESS	4373 MONTROSE AVE	
CITY - ST - ZIP	WESTMOUNT QUEBEC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUMMOND, MARY	
STREET ADDRESS	RT 202	
CITY - ST - ZIP	QUEBEC, CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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** April 3 1997 941 472 1345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)