

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

**FILED**

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

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

<b>9. Name and Address of Current Registered Agent</b> <b>COCHRAN, BRUCE C/O 3033 W GULF DR SANIBEL FL 33957</b>	<b>10. Name and Address of New Registered Agent</b>
<b>81</b> Name	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	<b>84</b> City <b>FL</b> <b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUMMOND, KEVIN</b>	1.2 NAME	
STREET ADDRESS	<b>RT 202</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>QUEBEC</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUMMOND, DEREK A</b>	2.2 NAME	
STREET ADDRESS	<b>4373 MONTROSE AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WESTMOUNT QUEBEC</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODEUR, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>565 ROSLYN AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WESTMOUNT QUEBEC</b>	3.4 CITY - ST - ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODEUR, JAMES H</b>	4.2 NAME	
STREET ADDRESS	<b>565 ROSLYN AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WESTMOUNT QUEBEC</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUMMOND, ANNE</b>	5.2 NAME	
STREET ADDRESS	<b>4373 MONTROSE AVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WESTMOUNT QUEBEC</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUMMOND, MARY</b>	6.2 NAME	
STREET ADDRESS	<b>RT 202</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>QUEBEC, CANADA</b>	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)