


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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90016 005 ***150.00

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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 # 849713
 1. Corporation Name
DBK INVESTMENTS, LIMITED INCORPORATED

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|--|--|
| 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address <i>10 CONTINENTAL MANUFACTURERS CANADA LTD</i> | 4. FEI Number 59-1784389 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. <i>APT A4</i> | 26. Suite, Apt. #, etc. <i>1155 METCALFE ST SUITE 2040</i> | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22. City & State <i>MONTREAL QUE</i> | 27. City & State <i>MONTREAL QUE</i> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23. Zip <i>H3B 2W6</i> | 28. Zip <i>H3B 2W6</i> | Country <i>CANADA</i> | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUMMOND, KEVIN | 1.2 NAME | |
| STREET ADDRESS | RT 202 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | QUEBEC | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUMMOND, DEREK A | 2.2 NAME | |
| STREET ADDRESS | 4373 MONTROSE AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTMOUNT QUEBEC | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRODEUR, BARBARA | 3.2 NAME | |
| STREET ADDRESS | 565 ROSLYN AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTMOUNT QUEBEC | 3.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRODEUR, JAMES H | 4.2 NAME | |
| STREET ADDRESS | 565 ROSLYN AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTMOUNT QUEBEC | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUMMOND, ANNE | 5.2 NAME | |
| STREET ADDRESS | 4373 MONTROSE AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTMOUNT QUEBEC | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUMMOND, MARY | 6.2 NAME | |
| STREET ADDRESS | RT 202 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | QUEBEC, CANADA | 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: *[Signature]* DATE: *Apr 6 1999* DAYTIME PHONE #: *514 866 1227*

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