

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

FILED
Apr 13, 1999 8:00 am
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 # 849713

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address 70 CONTINENTAL MANUFACTURERS CANADA LTD	4. FEI Number 59-1784389	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc. APT A4	26. Suite, Apt. #, etc. 1155 METCALFE ST SUITE 2040	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	
22. City & State	27. City & State MONTREAL QUE	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Zip	28. Zip H3B 2W6	9. Name and Address of Current Registered Agent		
24. Country	29. Country CANADA	10. Name and Address of New Registered Agent		

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: April 6 1999 DAYTIME PHONE #: 514 866 1227

CD/ERRA 1/1/00