

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

FILED

May 13 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 # H12576

(5)

1. Corporation Name
IDK REALTY CORPORATION

Principal Place of Business

2301 N. TAMiami TRAIL
#E
NOKOMIS FL 34275

Mailing Address

P.O. BOX 729
NOKOMIS FL 34274-0729
US



3. Date Incorporated or Qualified
07/17/1984

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

21 406 Waterside Ln
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number
59-2426415

Applied For
Not Applicable

22 City & State
Nokomis FL

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip 34275 Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34275 25

29 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOZAK, INGRID D.
2301 N. TAMiami TRAIL
SUITE #E
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name Ingrid D. KOZAK
82 Street Address (P.O. Box Number is Not Acceptable)
406 Waterside Ln.
83
84 City Nokomis FL 85 Zip Code 34275

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

Sign name, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KOZAK, INGRID D.	
STREET ADDRESS	P.O. BOX 729 N/A	
CITY - ST - ZIP	NOKOMIS FL 34274	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOZAK, ANTON M.	
STREET ADDRESS	P.O. BOX 729 N/A	
CITY - ST - ZIP	NOKOMIS FL 34274	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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)(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.

SIGNATURE:

Ingrid D. KOZAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 941-483-6219
Date Daytime Phone #

CR2E034 (9/96)