

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010819 (7)

1. Corporation Name
DKD, INC.



Principal Place of Business: 1716 FOWLER ST. FORT MYERS FL 33901
Mailing Address: 1716 FOWLER ST. FORT MYERS FL 33901

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 1811 NE 23RD TERRACE
2a. Mailing Address: 26 1811 NE 23RD TER

4. FEI Number: 65-0562695
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
City & State: 23 CAPE CORAL FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

Suite, Apt. #, etc.: 27
City & State: 28 CAPE CORAL FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33909 Country: 25 USA
Zip: 29 33909 Country: 30 USA

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

9. Name and Address of Current Registered Agent
NELL, THOMAS R
1716 FOWLER ST.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name: Deeselem, David D. Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 1811 NE 23RD TER
83
84 City: CAPE CORAL FL 85 Zip Code: 33909

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: *David D. Deeselem Sr.* DATE: 5/24/96

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DESELEM, DAVID D SR.	
STREET ADDRESS	1811 N.E. 23RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DESELEM, KAY	
13 STREET ADDRESS	1811 NE 23RD TER	
14 CITY-ST-ZIP	CAPE CORAL FL 33909	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DESELEM, KAY	
23 STREET ADDRESS	1811 NE 23RD TER	
24 CITY-ST-ZIP	CAPE CORAL FL 33909	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	100001849141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/04/96--01016--035	
63 STREET ADDRESS	***200.00	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kay Deeselem* DATE: 5/1/96 (441) 335-2350

CR2E034 (12/95)