

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Norstrom  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V40873**

**(4)**

1. Corporation Name

**J.D.K.T. PROPERTIES, INC.**

Principal Place of Business

**9600 OVERSEAS HIGHWAY  
SUITE FF3  
KEY LARGO FL 33037-2131  
US**

Mailing Address

**815 BEACON STREET NW  
PALM BAY FL 32907-9048  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/01/1992**

3a. Date of Last Report  
**02/15/1994**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2b. Mailing Address

**26** **1600 N.W. 83RD WAY**

City & State

**23**

City & State

**28** **Pembroke Pines, FL**

Zip

Country

**24**

**25**

Zip

**29**

Country

**30**

**33024**

**USA**

4. FEI Number  
**59-3161328**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032.  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLINGSBY, DAWN M. SAZAMA  
815 BEACON STREET NW  
PALM BAY FL 32907**

81 Name

**Joseph E. SAZAMA**

82 Street Address (P.O. Box Number is Not Acceptable)

**1600 NW 83RD WAY**

83

84 City

**Pembroke Pine**

**FL**

85 Zip Code

**33024**

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

**Joseph E. SAZAMA**

DATE (Type/print name of signatory and date when recorded)

**4/28/95**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
SLINGSBY, DAWN M. SAZAMA  
815 BEACON ST. NW  
PALM BAY FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
SAZAMA, JOSEPH E.  
1600 NW 83RD WAY  
PEMBROKE PINES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
SAZAMA, TIMOTHY A.  
1501 NW 79TH TERRACE  
PEMBROKE PINES FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
SAZAMA, KEVIN M.  
255 SAN MARINO ST. SW  
PALM BAY FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

**D  
Slingsby, Dawn M. SAZAMA  
2360 COREY ROAD  
MILABAR, FL 32950**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

**P  
SAZAMA, JOSEPH E.  
1600 NW 83RD WAY  
Pembroke Pines, FL 33024**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

**D  
SAZAMA, TIMOTHY A.  
1501 NW 79th Terrace  
Pembroke Pines, FL 33024**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

**Remove NAME from  
Document**

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(6)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph E. SAZAMA**

**4/28/95**

**305-486-8000**