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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1981

4. FEI Number

59-1784389

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

APT A4

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 70 CONTINENTAL MANUFACTURERS  
CANADA LTD

27 Suite, Apt. #, etc.

1155 METCALFE ST SUITE 2040

28 City & State

MONTREAL QUE

29 Zip

Country

30 H3B 2W6

CANADA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ 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

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

PD

NAME

DRUMMOND, KEVIN

STREET ADDRESS

RT 202

CITY-ST-ZIP

QUEBEC

TITLE

VD

NAME

DRUMMOND, DEREK A

STREET ADDRESS

4373 MONTROSE AVE

CITY-ST-ZIP

WESTMOUNT QUEBEC

TITLE

VD

NAME

BRODEUR, BARBARA

STREET ADDRESS

565 ROSLYN AVE

CITY-ST-ZIP

WESTMOUNT QUEBEC

TITLE

STD

NAME

BRODEUR, JAMES H

STREET ADDRESS

565 ROSLYN AVE

CITY-ST-ZIP

WESTMOUNT QUEBEC

TITLE

D

NAME

DRUMMOND, ANNE

STREET ADDRESS

4373 MONTROSE AVE

CITY-ST-ZIP

WESTMOUNT QUEBEC

TITLE

D

NAME

DRUMMOND, MARY

STREET ADDRESS

RT 202

CITY-ST-ZIP

QUEBEC, CANADA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD00024 111001