


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F31820 (6)					
1. Corporation Name DYKGRAAF, INC.					
Principal Place of Business 1570 MAGUIRE RD. OCOE FL 34761			Mailing Address 1570 MAGUIRE RD. OCOE FL 34761		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1981	
21		26		4. FEI Number 59-2097167	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country
9. Name and Address of Current Registered Agent DYKGRAAF, NATHAN D. SR. 3307 SHERINGHAM DR. ORLANDO FL 32808			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	DYKGRAAF, NATHAN,SR	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	3307 SHERINGHAM DR	1.2 NAME			
CITY - ST - ZIP	ORLANDO FL	1.3 STREET ADDRESS			
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DYKGRAAF, MARTHA	1.4 CITY - ST - ZIP			
STREET ADDRESS	3307 SHERINGHAM DR	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP	ORLANDO FL	2.2 NAME			
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DYKGRAAF, BRENDA	2.3 STREET ADDRESS			
STREET ADDRESS	3307 SHERINGHAM DR	2.4 CITY - ST - ZIP			
CITY - ST - ZIP	ORLANDO FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DYKGRAAF, N DALE, JR	3.2 NAME			
STREET ADDRESS	3307 SHERINGHAM DR	3.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE			
NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		4.2 NAME			
CITY - ST - ZIP		4.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE			
NAME		4.4 CITY - ST - ZIP			
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP		5.2 NAME			
TITLE		<input type="checkbox"/> DELETE			
NAME		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY - ST - ZIP			
CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		<input type="checkbox"/> DELETE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		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.

SIGNATURE: Nathan Dykgraaf REQUIRED 12/30/97 407 3979110

CR2E034 (10/97)