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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003309 (9)

DKS PROPERTIES OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 04 1997 8:00am Secretary of State



1805 WASHINGTON ST BLOOMINGTON IL 61701					1805 WASHINGTON ST BLOOMINGTON IL 61701									
											3. Date Incorporated or Qualifie	d <b>3a.</b> [	Date of Last F	Report
2. Principal P	lace of Busin	358		28	. Mailing Ac	Idress					4. FEI Number		A	pplied For
21 2300	Whitfi	eld P	ark D	r <sub>26</sub>	2300 1	Whitf	1e]	.d I	ark	Dr	37-1354583		N	ot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				L	City & Stat	e					6. Election Campaign Financing	)	\$5.00	May Be
2\$arasota F1.				28	28 Sarasota, F1.						Trust Fund Contribution			to Fees
Zip	Country Zip					Country				8. This corporation has liability			s. 199.032,	
24 34243 [25]US [29] 9, Name and Address of Current Regi:					29 34243   30 US				<del></del>	Florida Statutes				
	9, Name a	and Addres	s of Current	t Regi	stered Agen	it			1 - 2		10. Name and Address of New	Registered	i Agent	
BAR	NES, GARR	ET						81	Name					
3119	3119 MANATEE AVE W						82	Street	Addres	iss (P.O. Box Number is Not Accep	table)			
BRA	DENTON FL	34205						83	<u> </u>			····		
								L	L					<u> </u>
								84	City			FI	85 Zip	Code
office or r	to the provisi registered ago im familiar wit	ant, or both,	in the State	of Flor	ida Such ch	ange was a	autho	rized b	y the cor	corpo poratio	oration submits this statement for the on's board of directors. I hereby ac	e purpose dept the ap	of changing in pointment as	ts registered registered
SIGNATURE	Signature typed i	v cunted name	of receptored arres	nt end tit	e it anchrable	(NOI	E Beni	slered An	ent signature	required	d when reinstating)	DATE	*····	
12.	told or our abbets		FICERS AND			(10)		13.	CFIT SIGNORUS	1044.100	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	DCP					DELETE	_	1.1 TITLE					Change	Addition
NAME	STARK, D	AVID K						.2 NAME					•	
STREET ADDRESS	1805 WAS		ST					3 STREE	T ADDRESS					
City-St-2iP	BLOOMIN						- 1	1.4 CITY -		1				
THILE	DLOOMIN	aron ic o	1101			DELETE		2.1 TITLE	31-711	ļ			Change	Addition
NAME								2.2 NAME						
STREET ADDRESS							- 1		T ADDRESS					
CHY-SF-ZIP TITLE						DELETE		2. 4 CITY- 3.1 TITLE	31.74			NO PARTY	Change	Addition
NAME	1				4		1	3.2 NAME		]				
									T ADDRESS					
STREET ADDRESS														
CITY - ST - ZIP TITLE						DELETE		3.4. CITY- 1.1 TITLE	31-217	<del> </del>			Change	Addition
NAME	ļ				L3	DICE.E		1. 2 NAME		ļ			C V.12.19	
									T ADDRESS					
STREET ADDRESS							- 1							
CITY-ST-7IP	<b>.</b>		****	····		DELETE	_	4.4 CITY- 5 1 TITLE	51-218	<del> </del>			Change	Addition
TITLE					ابسا	DELETE							FII CHOUNT	Addition
NAME	}						- 1	2 NAME						
STREET ADDRESS	1								t address					
CITY+S1+ZIP		-,			· · · · · · · · · · · · · · · · · · ·	DCLEZE		4 CITY-	ST-ZIP	<b></b>				
				<del></del>		DELETE	7	5 1 TITLE	ST-ZIP				Change	Addition
CITY+S1+ZIP						DELETE	7		ST-ZIP				Change	Addition
CITY+S1+ZIP TITLE						DELETE		S 1 TITLE S 2 NAME	st-zip Taddress				Change	Addition

tan incomparison the information supplied with this annual report or supplemental annual report or supplemental annual report or supplemental annual report and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Biock 13 if changed for an address.

SIGNATURE: