


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90072 027 ***150.00

0547971

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # F98000004804

1. Corporation Name
D&F,K,SHIRES, INC.

Principal Place of Business
7200 STONEHEDGE DRIVE, SUITE 211
C/O DRUCKER & FALK, LLC.
RALEIGH NC 27613

Mailing Address
7200 STONEHEDGE DRIVE, SUITE 211
C/O DRUCKER & FALK, LLC.
RALEIGH NC 27613



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/24/1998 | |
| 21 | | 26 | | 4. FEI Number 56-1807060 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | | Zip | | | |
| 24 | | 29 | | 30 | |
| Country | | Country | | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON FL 34205 | | 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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALK, DAVID C SR. | 1.2 NAME | |
| STREET ADDRESS | 7200 STONEHEDGE DRIVE, SUITE 211 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RALEIGH NC 27613 | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAYDEN, BERNARD H | 2.2 NAME | |
| STREET ADDRESS | 550 MAMARONECK AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HARRISON NY 10528 | 2.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRUCKER, ERWIN B | 3.2 NAME | |
| STREET ADDRESS | 9286 WARWICK BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT NEWS VA 23607 | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUNICK, JOHN | 4.2 NAME | |
| STREET ADDRESS | 9286 WARWICK BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT NEWS VA 23607 | 4.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALK, DAVID C JR. | 5.2 NAME | |
| STREET ADDRESS | 7200 STONEHEDGE DRIVE, SUITE 211 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | RALEIGH NC 27613 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 1999

Date

919-846-7300

Daytime Phone #

CR2E034 (1/1/98)