02-20-1999 90008 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G715 1. Corporation Name DJK PROPERTIES, INC.	69			
Principal Place of Business	Mailing Address			(1983) II EBIT 1982 (1188) SIGN SIGN SIGN SIGN
671 SOUTHWEST 9 COURT POMPANO BEACH FL 33060	671 SOUTHWEST 9 COUR POMPANO BEACH FL 3300			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 11/29/1983
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-2350925
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired
City & State	City & State			6. Election Campaign Financing S5 Trust Fund Contribution Ad
23 Country 25	Zip 29	Cour	itry	8. This corporation owes the current year Intangible Personal Property Tax.
24 25 9. Name and Address of C		11		10. Name and Address of New Registered Agent
KIRSCH, DAVID F 671 SW 9 CT POMPANO BCH FL 33060			-	Name Street Address (P.O. Box Number is Not Acceptable)

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orporated or Qualifed 1983			
ber		Applied For	
0925		Not Applicable	
		\$8.75 Additional Fee Required	
Campaign Financing		\$5.00 May Be	

es the current year Intangible □No ☐ Yes

10. Name and Address of New Registered Agent							
81	Name		٠.	. 1		ė	
82	Street Address (P.C). Box Number is No	ot Acceptable	e)			
83							
84	City			FI	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 (NOTE Registered Agent signature required when reinstating)				
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD DELETE	1.1 TITLE	☐ Change ☐ Addition	
TITLE	KIRSCH, DAVID	1.2 NAME		
NAME	·	1.3 STREET ADDRESS	·	
STREET ADDRESS	671 SW 9 COURT	1		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition	
TITLE			<u> </u>	
NAME		2.2 NAMÉ		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Change ☑ Addition	
TITLE	☐ DELETE	3.1 TITLE -	Change Addition	
NAME		3.2 NAME	•	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change Addition	
NAME		4. 2 NAME	,	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
		5.3 STREET ADORESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
TITLE		6.2 NAME		
NAME				
STREET ADDRESS		6.3 STREET ADDRESS		
CITY: 97-71D		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 ecceiver 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:

GNING OFFICER OR DIRECTOR