

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G94430**

(7)

1. Corporation Name

D K E ENTERPRISES, INC.

Principal Place of Business

**% DEBRA K. ELFORD
5661 S. W. 13TH STREET
PLANTATION FL 33317**

Mailing Address

**% DEBRA K. ELFORD
5661 S. W. 13TH STREET
PLANTATION FL 33317**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

**ELFORD, DEBRA K.
5661 S. W. 13TH STREET
PLANTATION FL 33317**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/03/1984

3a. Date of Last Report

05/01/1995

4. FID Number

59-2415755

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DV
ELFORD, DEBRA K.
5661 S. W. 13TH STREET
PLANTATION FL**

☐ DELETE

TITLE

**P
ELFORD, KENNETH M
5661 SW 13TH ST
PLANTATION FL**

☐ DELETE

TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

TITLE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra K. Elford

4/25/96

954 587-5331

CR2E034 (12/95)