

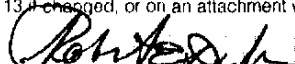


4-14-97 B- 4528 -NC

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																				
DOCUMENT # H33674 (3) 1. Corporation Name D & K FLUID SYSTEMS, INC.																																																																																						
Principal Place of Business % ROBERT EDWARD DYKES 11205 KILLEARN CT. RIVERVIEW FL 33569		Mailing Address % ROBERT EDWARD DYKES 11205 KILLEARN CT. RIVERVIEW FL 33569-6515																																																																																				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																				
3. Date Incorporated or Qualified 12/06/1984		3a. Date of Last Report 01/26/1996																																																																																				
4. FEI Number 59-2476344		Applied For <input type="checkbox"/> Not Applicable																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																				
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																						
9. Name and Address of Current Registered Agent DYKES, ROBERT EDWARD 11205 KILLEARN CT. RIVERVIEW FL 33569		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:  DATE: 4-8-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																						
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">DELETE</td> </tr> <tr> <td></td> <td>PD DYKES, ROBERT EDWARD</td> <td>11205 KILLEARN CT</td> <td>RIVERVIEW FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>VD KENNELLY, KEVIN FRANCIS</td> <td>4915 BAYSTATE RD</td> <td>PALMETTO FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE		PD DYKES, ROBERT EDWARD	11205 KILLEARN CT	RIVERVIEW FL	<input type="checkbox"/>		VD KENNELLY, KEVIN FRANCIS	4915 BAYSTATE RD	PALMETTO FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;">1.2 NAME</td> <td style="width: 10%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY - ST - ZIP</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE																																																																																		
	PD DYKES, ROBERT EDWARD	11205 KILLEARN CT	RIVERVIEW FL	<input type="checkbox"/>																																																																																		
	VD KENNELLY, KEVIN FRANCIS	4915 BAYSTATE RD	PALMETTO FL	<input type="checkbox"/>																																																																																		
				<input type="checkbox"/>																																																																																		
				<input type="checkbox"/>																																																																																		
				<input type="checkbox"/>																																																																																		
				<input type="checkbox"/>																																																																																		
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
				<input type="checkbox"/>	<input type="checkbox"/>																																																																																	
14. I do 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:  DATE: 4-8-97 (813) 248-6060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																						

CR2E034 (9/96)