Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90053 013 \*\*\*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 # **K96926**

1. Corporation Name

DAN K, INC.							
•					1 200 E 201 E		
		•					
Principal Place of Business Mailing Address					1 ibatatur ara rarea arun rarra subra arur arar		1817 61811 1881
7712 W OAKLAND PARK BOULEVARD 7712 W OAKLAND PARK BOUL							
SUNRISE FL 33351 SUNRISE FL 33351							
U\$ U\$					DO NOT WRITE IN TH	IS SPACE	
					3. Date incorporated or Qualifed		Į.
					06/21/1989	<del></del>	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ļ <del>  ''</del>	plied For
21 26					65-0136360		t Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27						Fee Re	•
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28 777			Country		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		□N-
24	25	29 30	<u> </u>		Personal Property Tax.		¥No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
КНУ	IID ALI		81	Ivaille			
KHALID, ALI 6822 SW 7TH STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)	-	
MARGATE FL 33068			83				-
			84	City		. 85 Zip C	Code
					F		
office or c	registered agent or both in the State o	f Elozida. Such channa was auth	unrized by	the comor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its cointment as rec	registered pistered
agent. I a		ons of, Section 607.0505, Florida	a Statutes.	·			
SIGNATURE	m familiar with, and accept the obligati					<u>ئىنى ئىنى</u>	
	Signature, typed or , , - ad haine of registered agent			t signature req	uired when reinstating) DATE		
12.	OFFICERS ANI		13.	r	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE	D	☐ DELETE	1.1 TITLE			[] Change	
NAME	AU, KHALID		1.2 NAME				
STREET ADDRESS	6822 SW 7TH STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST	-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	ALI, ZOBHAIDA		2.2 NAME				
STREET ADDRESS	6822 SW 7TH STREET 238		2.3 STREET	ADDRESS ~	The same of the sa	•: .	
CITY-ST-ZIP			2. 4 CITY-S	T- ZIP			
TITLE	D DELETE 3.1T		3.1 TITLE			Change	☐ Addition
NAME	DAHARRY, DHANRAJ 32 N		3.2 NAME				.
STREET ADORESS	6822 SW 7TH STREET 333		3.3 STREET	ADDRESS	_		
CITY-ST-ZIP	MARGATE FL 33068		3.4. CITY-S	T-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	DAHARRY, FAREEDA 4.2N		4. 2 NAME				
STREET ADDRESS	6822 SW 7TH STREET		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MARGATE FL 33068		4.4 CITY-ST	r-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition ]
NAME			5.2 NAME		•		ļ
STREET ADDRESS		,	5.3 STREET	ADDRESS			
CITY-ST-ZIP ,		•	5.4 CITY-S	r-ZIP			
TITLE " VIL"	the transfer	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME *	ale all contact		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			}

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP