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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22190

(7)

1. Corporation DINKA	SERVICE CORP.	(,,				31. 633.) 6484 336. 630. 641. 646. 540.
Principal Place of Business Mailing Address ** HELENA A. DINKA 7608 NW 72ND AVE TAMARAC FL 33321 ** HELENA A. DINKA 7608 NW 72ND AVE TAMARAC FL 33321 ** TAMARAC FL 33321						
					3. Date Incorporated or Qualified 10/10/1989	3a. Date of Last Report 10/25/1996
2. Principa! I	2. Principa! Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 N/A		26			65-0155349	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22 City & Sta	ılı	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New I	registered Agent
	NKA, HELEN A. 08 NW 72ND AVE					
	MARAC FL 33321			82 Street Addi	ress (P.O. Box Number is Not Accept	able)
•••				83		
				84 City		85 Zip Code
11. Pursuant office or agent. I.	t to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florid te of Florida. Such chan gations of, Section 607.	la Statutes, the a ge was authoriza 0505, Florida Sta	above-named corp ed by the corporal atutes.	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of changing its registered cept the appointment as registered
SIGNATURE						DATE
12.	Signature Typed or product name of registered a OFFICERS A	ND DIRECTORS	(NOTE: Hegister	ed Agent signature requi		ICERS AND DIRECTORS IN 12
TALE	PS DELETE			TITLE		Change Addition
NAME	DINKA, HELENA A.		1.21	NAME		
STREET ADDRESS			1.3 \$	STREET ADDRESS		
CITY-ST-7#P	TAMARAC FL			CHTY - ST - ZIP		
HILE		[] DE	1	TITLE		Change Addition
NAME	•			NAME		
STREET ADORESS				STREET ADDRESS		
CITY-ST-ZIP TITLE		D		CITY-ST-ZIP TITLE		Change Addition
NAME				NAME		*
STREET ADDRESS			3.3	STREET ADDRESS		1
CITY-ST-ZIP			3.4.	CITY-ST-ZIP		
TITLE		[] DE	LETE 4.1	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - 7IP		DI DI		CITY-ST-ZIP TITLE		Change Addition
TITLE NAME		الا ليبيا		NAME		Lad Statings Lad Factorist
STREET ADDRESS				STREET ADDRESS		
CHTY - ST - ZIF				CITY-ST-ZIP	•	
TITLE		DE		TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			62	NAME		
STREET ADDRESS			63	STREET ADDRESS		
CITY-SI-ZIP				CITY-ST-ZIP		
informat Lam an	tion indicated on this annual report o	r supplemental annual r or the receiver or truste	eport is true and e empowered to	i accurate and tha	d in Section 119.07(3)(i), Florida Stat t my signature shall have the same le rt as required by Chapter 607, Florid	egal effect as if made under oath; that

Feb. 10, 1997