

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
95 APR -7 AM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82320 (7)

1. Corporation Name
DAKRIS ENTERPRISES, INC.

Principal Place of Business Mailing Address
% M. LANNING FOX **% M. LANNING FOX**
1100 SOUTH FEDERAL HIGHWAY **1100 SOUTH FEDERAL HIGHWAY**
STUART FL 34994 **STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/19/1990** 3a. Date of Last Report **04/05/1994**

| | | | |
|--------------------------------|---------------------|----------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0206963 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

| | | | | |
|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| FOX, M. LANNING 1100 S. FED. HWY. STUART FL 34994 | | B1 | Name | |
| | | B2 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | B3 | | |
| | | B4 | City | FL |

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 _____
Signature required for current registered agent and new agent. (202E Registered Agent signature required after 1/1/95)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUSTGARTEN, MICHAEL E. | 1.2 NAME | |
| STREET ADDRESS | 834 E. OCEAN BLVD. | 1.3 STREET ADDRESS | |
| CITY ST ZIP | STUART FL | 1.4 CITY ST ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY ST ZIP | | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an addition to the report.

SIGNATURE: *Michael E. Lustgarten, M.D.* **MICHAEL E. LUSTGARTEN, M.D., D.P.M., F.A.C.S.** Date: **4/4/95 (407) 286-2950**