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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02278

(0)

D & K FINANCIAL ENTERPRISES, INC.

**FILED** Apr 24 1997 8:00am Secretary of State



				\$464   644   610   610   644   644   644
Principal Place of Business Mailing Address		T 18241888 die abile Hitte 1501/10201 Idii afelt brate eren eren eren eren eren		
3001 WEST CHAPIN	3001 WEST CHAPIN			
TÀMPA FL 33611	TAMPA FL 33611-1636 US			
US	03		3. Date incorporated or Qualified 06/05/1984	3a. Date of Last Report 02/12/1996
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		38-2478608	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	» · · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	The second secon	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	<b>2</b> φ	Country	8. This corporation has liability for	
24 25	29	30	f lorida Statutes  10. Name and Address of New R	Yes No
9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New A	egistered Agent
CHIDESTER, KAY A.		, vanc		
3001 WEST CHAPIN AVENUE		B2 Street Add	iress (P.O. Box Number is Not Accepta	ble)
TAMPA FL 33611		83		
•				
·		84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508 Florida Statu	lles the above-named co	reoration submits this statement for the	
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the office.	ate of Florida. Such change was oligations of, Section 607.05 <b>0</b> 5, F	authorized by the corporation da Statutes.	ation's board of directors. Thereby acco	pt the appointment as registered
SIGNATURE Signature, typed or printed name of registered	Leonard and Alle II stanle able (NC)	DE Begistered Agent signature requ	.ked when reinstaling)	DATE
	AND DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE PST	DELETE	1.1 TITLE		Change Addition
NAME CHIDESTER, KAY A.		1.2 NAME		
STREET ADDRESS 3001 WEST CHAPIN AVENU	)E	1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	DECETE	2.1 Till.f		Change Addition
NAME		2.2 NAME		
STREET AODRESS		2.3 STHEET ADDRESS		ļ
CITY-ST-ZIP		2. 4 CITY-ST-7IP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CHY-S1-7F		
TITLE .	☐ DELETE	4 1 1111.1		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	,	4.4 CHY - S1 - 7/P		Change Addition
FITLE	☐ DELETE	5.1 TIPuF		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DITE	5.4 CHY - \$1 - ZIP		Change Addition
TITLE	DELF1E	6.1 71111.8		L. Guange L. Audillon
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

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 it 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 it changed or on an attachment with an address.