

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P05357 (9)
 1. Corporation Name
DKS ASSOCIATES, INC.



Principal Place of Business: **1956 WEBSTER STREET STE 300 OAKLAND CA 94612 US**
 Mailing Address: **1956 WEBSTER STREET STE 300 OAKLAND CA 94612 US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/19/1985

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: **94-2583153**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name: **Jerry T. Wentzel**
 82 Street Address (P.O. Box Number is Not Acceptable): **12000 N. Dale Mabry Highway, Suite 112**
 84 City: **Tampa** FL 85 Zip Code: **33618**

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: **JERRY T WENTZEL** (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when retaining)
 DATE: **4/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	OV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, LEO K.	1.2 NAME	Thomas J. Krakow
STREET ADDRESS	1956 WEBSTER, STE 300	1.3 STREET ADDRESS	1956 Webster Street, Suite 300
CITY-ST-ZIP	OAKLAND CA	1.4 CITY-ST-ZIP	Oakland, CA 94612
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	OV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETRICH, WILLIAM H	2.2 NAME	Jerry T. Wentzel
STREET ADDRESS	1956 WEBSTER ST, STE 300	2.3 STREET ADDRESS	1956 Webster Street, Suite 300
CITY-ST-ZIP	OAKLAND CA	2.4 CITY-ST-ZIP	Oakland, CA 94612
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE, WARREN A.	3.2 NAME	
STREET ADDRESS	1956 WEBSTER, STE. 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUVE, RICHARD J.	4.2 NAME	
STREET ADDRESS	1956 WEBSTER STREET SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JOHN P.	5.2 NAME	
STREET ADDRESS	1956 WEBSTER, STE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOURT, RANSFORD S.	6.2 NAME	
STREET ADDRESS	1956 WEBSTER, SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA	6.4 CITY-ST-ZIP	

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

CR2E034 (10/97)