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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90104 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P05357

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

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
WENTZEL, JERRY T
12000 N DALE MABRY HIGHWAY SUITE #112
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KVAKOW, THOMAS J | |
| STREET ADDRESS | 1956 WEBSTER, STE 300 | |
| CITY-ST-ZIP | OAKLAND CA | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | DIETRICH, WILLIAM H | |
| STREET ADDRESS | 1956 WEBSTER ST, STE 300 | |
| CITY-ST-ZIP | OAKLAND CA | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | WINTZEL, JERRY T | |
| STREET ADDRESS | 1956 WEBSTER, STE. 300 | |
| CITY-ST-ZIP | OAKLAND CA 94612 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SAUVE, RICHARD J. | |
| STREET ADDRESS | 1956 WEBSTER STREET SUITE 300 | |
| CITY-ST-ZIP | OAKLAND CA | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | LONG, JOHN P. | |
| STREET ADDRESS | 1956 WEBSTER, STE 300 | |
| CITY-ST-ZIP | OAKLAND CA | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MCCOURT, RANSFORD S. | |
| STREET ADDRESS | 1956 WEBSTER, SUITE 300 | |
| CITY-ST-ZIP | OAKLAND CA | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|----------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Kvakow, Thomas J. | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Wentzel, Jerry T. | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Long, John P. | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | McCourt, Ransford S. | |
| 6.3 STREET ADDRESS | | |
| 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, with all other like empowered.

SIGNATURE: SIGNATURE OF RANSFORD S. MCCOURT 4/21/99 510-763-2061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)