

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000009602 (2)

1. Corporation Name

D.S.K. ENTERPRISES INC.



Principal Place of Business

Mailing Address

451 MEANDER DR S
ALTAMONTE SPRINGS FL 32714

451 MEANDER DR S
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1626 SW Gemini Ln.

26 1626 SW Gemini Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Port St Lucie, FL

28 Port St Lucie, FL

24 Zip Country

29 Zip Country

34984

25

34984

30

4. FEI Number

59-3168837

Applied For

Not Applicable

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 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

KENT, SANDRA
451 MEANDER DR D
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1626 SW Gemini Ln.

83

84 City Port St Lucie

FL

85 Zip Code 34984

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

Sandi Kent

5/10/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE

Change Addition

NAME KENT, SANDRA
STREET ADDRESS 451 MEANDER DR S
CITY-ST-ZIP ALTAMONTE SPRINGS FL

1.2 NAME

1.3 STREET ADDRESS

1626 SW Gemini Ln.
Port St Lucie, FL 34984

1.4 CITY-ST-ZIP

Change Addition

TITLE DELETE

2.1 TITLE

NAME KENT, DOUGLAS C
STREET ADDRESS 451 MEANDER DR SO
CITY-ST-ZIP ALTAMONTE SPGS FL

2.2 NAME

2.3 STREET ADDRESS

1626 SW Gemini Ln.
Port St Lucie, FL 34984

2.4 CITY-ST-ZIP

Change Addition

TITLE DELETE

3.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE DELETE

4.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE DELETE

5.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE DELETE

6.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Sandi Kent

5/10/96 407-336-2179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)