

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: 451 MEANDER DR S, ALTAMONTE SPRINGS FL 32714
Mailing Address: 451 MEANDER DR S, ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-3168837
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

2. Principal Place of Business: 21 1626 SW Gemini Ln., 22 Suite, Apt. #, etc., 23 City & State: Port St Lucie, FL, 24 Zip: 34984, 25 Country:
2a. Mailing Address: 26 1626 SW Gemini Ln., 27 Suite, Apt. #, etc., 28 City & State: Port St Lucie, FL, 29 Zip: 34984, 30 Country:

9. Name and Address of Current Registered Agent: KENT, SANDRA, 451 MEANDER DR D, ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent: 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: *[Signature]* Sandi Kent, DATE: 5/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, SANDRA	1.2 NAME	
STREET ADDRESS	451 MEANDER DR S	1.3 STREET ADDRESS	1626 SW Gemini Ln.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Port St Lucie, FL 34984
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, DOUGLAS C	2.2 NAME	
STREET ADDRESS	451 MEANDER DR SO	2.3 STREET ADDRESS	1626 SW Gemini Ln.
CITY-ST-ZIP	ALTAMONTE SPGS FL	2.4 CITY-ST-ZIP	Port St Lucie, FL 34984
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 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: *[Signature]* Sandi Kent, DATE: 5/10/96, 407-336-2179

CR2E034 (12/95)