

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 # P93000036083 (2)

1. Corporation Name  
DEKIM, INC.



Principal Place of Business

835 VANDERBILT BEACH RD  
NAPLES FL 33963  
US

Mailing Address

2609 SW 2ND AVE  
CAPE CORAL FL 33914

3. Date Incorporated or Qualified  
05/14/1993

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number  
65-0412480

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

SQUILLACE, MICHAEL  
2609 SW 2ND AVE  
CAPE CORAL FL 33914

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILDE, EDWARD JR  
107 SE 23RD PLACE  
CAPE CORAL FL 33990 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SQUILLACE, MICHAEL  
2609 SW 2ND AVE  
CAPE CORAL FL 33914 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP  
Milde, Edward A. Jr. ☒ Change ☐ Addition  
7 SE 21st Avenue  
Cape Coral, FL 33990

2 1 TITLE  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP  
☐ Change ☐ Addition

3 1 TITLE  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP  
☐ Change ☐ Addition

4 1 TITLE  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP  
☐ Change ☐ Addition

5 1 TITLE  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP  
☐ Change ☐ Addition

6 1 TITLE  
2 NAME  
3 STREET ADDRESS  
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:

*Michael Squillace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96  
Date

(941)598-2344  
Phone

CR2E034 (12/95)