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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000078098 (9)

1. Corporation DAK CO	orporation of Tampa	Mailing Address		110110111111111111111111111111111111111		
101 E KENNE		101 E KENNEDY BLVD			( -	
SUITE 3925 SUITE 3925				DO NOT WRITE IN THIS SPACE		
TAMPA FL 33602 TAMPA FL 33602 US US			3. Date Incorporated or Qualified			
00		00	•	11/10/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3210863	Not Applicable	
<del></del> -		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22			S Floating Compains Financian			
23 28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	<del></del> 1. <del></del>	Country	a. This corporation owes or has p		
24	25	29	30	Personal Property Tax due Jun		
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent	
	NNEDY, DAVID A		81 Name			
101 E KENNEDY BLVD			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 3925			83			
IAN	MPA FL 33602				·	
			84 City		FL 85 Zip Code	
12.	,	AND DIRECTORS	OTL: Flogistered Agent signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFI		
TITLE	D CANADA	☐ DELETE	1.1 TITLE		Change Addition	
NAME KENNEDY, DAVID A STREET ADDRESS 101 E KENNEDY BLVD., SUITE 3925		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-2IP TAMPA FL			1.4 CHY-ST-ZIP			
TITLE	17 474 74 6	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME		<i>VI</i>	4. 2 NAME		En coming En Manage	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•	
TITLE		DELETE	5 1 TITLE	***************************************	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-\$1-ZIP			5.4 CITY - ST - ZIP		Dherry L. Lancer	
TITLE		☐ DELE1E	6.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			6.2 NAME			
CITY-ST-ZIP			6 3 STREET ADDRESS 6.4 City-St-Zip			
WILL ST. TIL.			■ 0.4 OH (*3)** £16*			

In 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 trusted 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 attachmost with an address.

SIGNATURE Was Will

1/28/98 (813) 221 752

**FILED** 

Mar 02 1998 8:00am

Secretary of State