

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

FILED

Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000008295 (5)

1. Corporation Name

D. K. MEDICAL, INC.



Principal Place of Business

3246 NORTH ANDREWS AVE.  
FORT LAUDERDALE FL 33307

Mailing Address

3246 NORTH ANDREWS AVE.  
FORT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

65-0486611

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip 33309

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33309

30 Country

9. Name and Address of Current Registered Agent

KATZMAN, STEVEN M  
10210 CAMINO DEL DIOS  
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name Joseph Kassdikian

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

3246 North Andrews Ave

83

84 City Ft. Lauderdale

FL

85 Zip Code 33309

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

*Joe Kassdikian*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-98

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME KASSDIKIAN, JOE  
STREET ADDRESS 4001 SW 15 ST #E 204  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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.

SIGNATURE:

*Joe Kassdikian*

3-12-98

CR2E034 (10/97)