

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montanem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008710 (3)

1. Corporation Name

DKS DISTRIBUTING, INC.

Principal Place of Business

C/O STEPHEN G. WILLIAMS
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

Mailing Address

C/O STEPHEN G. WILLIAMS
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

4. FEI Number

65-0466230

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. 193.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

State, Apt. #, etc.

929 NW 8TH AVE

City & State

FT LAUDERDALE FL

Zip

33311

Country

FLORIDA

2a. Mailing Address

26

State, Apt. #, etc.

929 NW 8TH AVE

City & State

FT LAUDERDALE FL

Zip

33311

Country

FLORIDA

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

81 Name

Stella Daniel K

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

929 NW 8TH AVE

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33311

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

X *Stella Daniel K*

(Signature) (Typed or printed name of registered agent and the corporation)

X 4/25/95

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	STELLA, DANIEL K
STREET ADDRESS	1200 NE 1ST ST. 929 NW 8TH AVE
CITY, ST, ZIP	FT. LAUDERDALE FL 33311
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	DPST	☒ Change ☐ Addition
1.2 NAME	STELLA, DANIEL K	
1.3 STREET ADDRESS	929 NW 8TH AVE	
1.4 CITY, ST, ZIP	FT LAUD FL 33311	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

X *Stella Daniel K*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

X 4/25/95

(Date)

(Signature) (Typed Name)