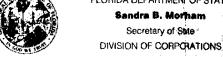
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997



FILED Feb 21 1997 8:00am Secretary of State

DOCUMENT # P9400087612 (5) 1. Corporation Name D.K. FLUIDS, INC. Principal Place of Business Mailing Address						
Principal Place of Business Mailing Address 2771 LA PAZ AVE. COOPER CITY FL 33026 COOPER CITY FL 330264			1549		1.	
:		<i>j</i>	-	-16		3. Date Incorporated or Qualified 12/02/1994 3a. Date of Last Report 04/08/1996
21	Place of Business	2a. Mailing Address 26			1	4. FEI Number Applied For 65-0557852 Not Applied be
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	Country	City & State	-	34.5		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	25 25 9. Name and Address of Current	Zip 29 Registered Agent	30	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
REN	R. RALPH S	Hegisterea Agent	- 	RI	Name	10. Name and Address of New Registered Agent
	S.E. 10TH STREET				!	
	LAUDERDALE FL 33316		İ	83	Street	et Address (P.O. Box Number is Not Acceptable)
•			ĺ	84	City	85 Zip Code
						FL "
office or r agent. La SIGNATURE	egistered agent, or both, in the State on the accept the obligation of the obligation of the control of the con		authori orida S		:	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered states registered the appointment as registered.
12.	OFFICERS AND		1		in agranure	
THTLE	PT	DELETE		TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	REMMLER, DIETER		1.2	AME		
STREET ADDRESS	2771 LA PAZ AVE.		, 13	S STREET	ADDRESS	ss
DiTY+ST-ZIP	COOPER CITY FL 33026		1.4	dTY-S	7- 2 1P	ss
THILE	\$	DELETE		TLE	·····	Change Addition
NAME	OBERHOFER, KURT		2.2	MME	i	
STREET ADDRESS	2771 LA PAZ AVE. COOPER CITY FL 33026		2.3	SPREET	ADDRESS	ss
CITY-ST-ZIP	COUPER GITT PL 33026		_	4 tity-5	T-ZIP	
TITLE		DELETE :		TOLE	11	Change Addition
NAME Venore Labridece				NAME		4.1
STREET ADDRESS CITY-ST-ZIP					ADDRESS	is
TOTLE		DELETE		CITY-S	I-ZIP	Change Addition
NAME				2 NAME		
.STREEL ADDRESS			- 2		ADDRESS	SS
CHTY-ST-ZIP			44	City-S	T- 71P	
TITLE		☐ DELETE		5.1 TITLE		Change Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	ADDAESS	is
-CITY-S1-7IP		- T-122.222		CITY-ST	T-ZIP	
TITLE		DELETE		TITLE		Change Addition
NAME FIREST ADODGGG				NAME		
STREET ADDRESS					ADDRESS	is
-City-\$1-ZiP 14. I do hereb	by certify that the information supplied	with this filing does not quali-	fy for th	CITY-ST	r-ZIP motion s	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

I formation 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 of 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

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR