

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -4 PM 1:14

DOCUMENT # P95000086228

D & K AUTOMOTIVE INC.

1. Principal Place of Business 12282 SW 117 CT. MIAMI FL 33186		2a. Mailing Address 12282 SW 117 CT. MIAMI FL 33186	
2. Principal Place of Business 21. 12282 SW 117 CT. Suite, Apt. #, etc. 22. MIAMI FL City & State 23. 33186 Zip 24. 33186		2a. Mailing Address 26. 12282 SW 117 CT. Suite, Apt. #, etc. 27. MIAMI FL City & State 28. 33186 Zip 29. 33186	
3. Date Incorporated or Qualified 11/9/95		4. FEI Number 65-0620461	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent DRORI, HAREL 12282 SW 117 CT. MIAMI, FL 33186	
9. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL		10. Name and Address of New Registered Agent 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 title if applicable DRORI, HAREL		DATE 11/16/99	
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DRORI, HAREL 1817 SO. OCEAN DRIVE KALLAPALLE, FL 32009		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 100003046341--7 -11/16/99--0103046341--7 ***150.00 ***150.00	
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRORI, HAREL

11/16/99

305-234-3290

D & K AUTOMOTIVE INC.
12282 S.W. 117 CT
MIAMI, FLORIDA 33186

October 23, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32303-1500

Dear Sir or Madam:

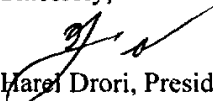
Enclosed please find my check for \$150.00 to renew my corporation. I never received the first notice and request that you please waive the penalty.

I always had my accountant take care of all the filing requirements, I did not know that I have to renew and pay a fee every year. My office moved and the mail was never forwarded to me.

Please accept this check and renew my corporation for the year 1999.

Thank you in advance for your understanding.

Sincerely,


Harel Drori, President