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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 24 1997 8:00am Secretary of State

DOCUMENT # P9600007830 (8)

DKT PROPERTIES, INC. Principal Place of Business Mailing Address 812 N. THORNTON 812 N. THORNTON ORLANDO FL 32803 ORLANDO FL 32803-4003 3. Date Incorporated or Qualified 3a. Date of Last Report <u>01/22/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, eta \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zπ Country This corporation has liability for intangible tax under s. 199.032, 24 25 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BROWN, DOUGLAS** 812 N. THORNTON 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City 85 Zip Code 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 Sup-alon, Pypest or print it name of nightered agent and title it appropable (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition Prosidento NAME 12 NAME Dondas Brown STREET ADDRESS 13 STREET ADDRESS SIZ no Thornton Ano. CITY-\$1-7IP 1.4 CITY - ST - ZIP 32803 TITLE DELETE Change Addition 21 TITLE Vice-Peridato Kovin Chippinda NAME 22 NAME STREET AUDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP C(T) - ST - Z(I TITLE DELETE 31 TITLE Change Addition NAME 32 NAME STREET AODRESS 33 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 54 CITY-ST-ZIP DELETE Change TITLE ☐ Addition 61 TITLE 400002067324 -01/24/97--01014--058 NAME 62 NAME

ion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the disposition of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that importation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the informa information indicated on this annu I am an officer or director of the o d report or appears in Block 12

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

***165.00

(96/6)