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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019171 (3)

1. Corporation Name
DEL-KEN ENTERPRISES, INC.



Principal Place of Business
3810 GAINES DRIVE
WINTER HAVEN FL 33884

Mailing Address
3810 GAINES DRIVE
WINTER HAVEN FL 33884-2808

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report 1/2/97
21	3810 Gaines Dr	26	3810 Gaines Dr	4. FEI Number 59-3405907	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State 23 Winter Haven - FL - 33884		City & State 28 Winter Haven FL - 33884		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	33884	25	FL	29	33884
30	FL				

9. Name and Address of Current Registered Agent

IRVEN, KEN
3810 GAINES DRIVE
WINTER HAVEN FL 33884

10. 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

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: *Del Junker - Sec* DATE: 4-26-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Ken Irven - Pres	1.1 TITLE	
NAME	3810 Gaines Dr	1.2 NAME	
STREET ADDRESS	Winter Haven FL - 33884	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	Del Junker - Sec	2.1 TITLE	
NAME	361 Greenfield Rd	2.2 NAME	
STREET ADDRESS	Winter Haven, FL - 33884	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Del Junker* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97 941-326-1461
Date Daytime Phone #