

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  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90027 049 \*\*\*150.00

DOCUMENT # P96000059082

1. Corporation Name  
D & K MARINE SERVICES, INC.

Principal Place of Business  
6800 NW 39TH AVENUE  
LOT 378  
COCONUT CREEK FL 33073

Mailing Address  
6800 NW 39TH AVENUE  
LOT 378  
COCONUT CREEK FL 33073

Changed address P.P. of Bureau by Address

2. Principal Place of Business  
21 8676 104th AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 8676 104th AVE  
Suite, Apt. #, etc.

22 Vero Beach FL 32967  
City & State

27 Vero Beach FL  
City & State

23 Vero Beach FL 32967  
Zip Country

28 Vero Beach FL  
Zip Country

24 32967 25 Indian River  
Zip Country

29 32967 30 Indian River  
Zip Country

9. Name and Address of Current Registered Agent

CLAUSER, KIMBERLY A  
6800 NW 39TH AVENUE  
LOT 378  
COCONUT CREEK FL 33073

CLAUSER, Kimberly  
8676 104th Ave  
Vero Beach FL  
32967

3. Date Incorporated or Qualified  
07/15/1996

4. FEI Number  
65-0679932

Applied For  
No: 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CLAUSER, DANNY M	6800 NW 39TH AVENUE, LOT 378	COCONUT CREEK FL 33073	<input type="checkbox"/>
VSTD	CLAUSER, KIMBERLY A	6800 NW 39TH AVENUE, LOT 378	COCONUT CREEK FL 33073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 registered agent 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: Kim Clauser  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)