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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Seretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082890 (0)

DK & ASSOCIATES, INC.

FILED

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SECHETALY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address										
1114 SW 19TH FORT LAUDER	i street Dale Fl 33315	1114 SW 19TH STREET FORT LAUDERDALE FL 33315-1830								
						3. Date Incorporated or Qualified 10/03/1996	3a. D.	ate of Last 28 - 4	Report	
2. Principal P	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0770334		Applied Fee		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	6	City & State			Election Campaign Financing Trust Fund Contribution					
Zip	Country	Zip	Cou	ritry		8. This corporation has liability for in			s. 199.032,	
24	25		30				Yes			
1/20	9. Name and Address of Current	Hegistered Agent		B1	Name	10. Name and Address of New Reg	jisterea	Agent	-	
	R, DAREN R									
	4 SW 19TH STREET RT LAUDERDALE FL 33315			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
101	II FUARTIBUTE IF ARAIR			83	· · · · · · · · · · · · · · · · · · ·					
ı				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	os, the at	ove-	-named corp	poration submits this statement for the pricion's board of directors. I hereby accep		f changing	its registered	
office or f agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligation of the control of the c	of Florida. Such charige was a tions of, Section 607.0505, Flo	uthorized rida Stati	d by utes.	the corporat	tion's board of directors. I hereby accep	t the app	oointment a	s registered	
SIGNATURE	Signature, typod or printed name of registered agen	it and life if applicable (NOTE	Registered	1 Agen	t signature requir	red when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			
THLE	D	DELETE	1.1 TIT	LE				Change	Additio	
NAME	KERR, DAREN R		1.2 NA	ME	i	7000022 -88/27/3			010	
STREET ADDRESS	1114 SW 19TH STREET		1.3 ST	REET A	ADDRESS)(""l : nn	JIIIU⊄‴° Jianahabari	-ՄԼՄ ՄԱՄ ՌՌ	
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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 certify that the information indicated on this annual report or suppliemental 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.

Division of Corporations PO Box 6327 Tallahassee, Fla. 32314

To whom it may concern:

Please accept my payment without penalty. I run my business by myself, and has just gone through a major operation. I have had a brain tumor removed from my being, and now back better than ever! My boss took over my sales responsibilities, however, my office administration has been ignored. Now that I am back (4 mons), I'm trying to catch up. After speaking to a lady at the reinstatement office (904-488-9000), she instructed me to write a letter with my explanation, and to send in the \$165.00 dollars to this address. Thank you in advance for considering the payment without penalty.

Sincerely

Daren Kerr