**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000062478

1. Corporation Name

DJK RECOVERY INC.

								-{	
Principal Place of Business Mailing Address									
3000 NORTH ARMERIA AVENUE TAMPA FL 33607				3000 NORTH ARMERIA AVENUE \ TAMPA FL 33807				DO NOT INDITE IN THIS SPACE	
								DO NOT WRITE IN THIS SPACE	
					٠.			3. Date Incorporated or Qualifed	
								07/13/1998	
2. Principal Pl	lace of Busine	ess	2a	2a. Mailing Address				4. FEI Number Applied For	
Suite And the other			26					59-3535104 Not Applicable	
Suite, Apt.	#, etc.		_ [	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	
22			27					5. Certificate of Status Desired	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23			28	28				Trust Fund Contribution Added to Fees	
Zip Country				Zip Country				8. This corporation owes the current year Intangible	
24	5	25	29		30			Personal Property Tax. Yes No	
	9 Name a	and Address of Curr		stered Agent				10. Name and Address of New Registered Agent	
						81	Name	<del></del>	
PEN/	A, MARK E							(0.0.0.1)	
3000 NORTH ARMERIA AVENUE						82	Street Address (P.O. Box Number is Not Acceptable)		
	PA FL 3360					83			
., ., ., .									
						84	City	FI 85 Zip Code	
								• <b>-</b> ,	
11. Pursuant office or ragent, i a	to the provision registered age om familiar wit	ons of Sections 607.0 int, or both, in the Sta h, and accept the obli	502 and ( te of Flori gations of	607.1508, Florida Statut ida. Such change was a f, Section 607.0505, Flo	tes, the al authorized orida Statu	bove I by i utes.	e-named corpo the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
SIGNATURE			•						
SIGNATURE	Signature, typed o	or printed name of registered a	gent and title	of applicable. (NOTE	. Registered	Agen	t signature required	when reinstating) DATE	
12.		OFFICERS A	AND DIRI	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			☐ DELETE	1.1 TI	LΕ		☐ Change ☐ Addition	
NAME	KIRBY, KE	RRY R			1.2 NA	ME			
STREET ADDRESS	5101 EAS	COLUMBUS AVE	NUÉ		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	TAMPA FL				14 C	TY-\$1	r- <i>Z</i> IP		
TITLE	D			☐ DELETE	2.1 TI			☐ Change ☐ Addition	
NAME	KIRBY, KE	NNETH W			2.2 N	WF			
1			MI IE				ADDRESS		
STREET ADDRESS 5101 EAST COLUMBUS AVENUE TAMPA FL 33619									
CITY-ST-ZIP	IAMEA FL	330 18		□ DELETE	2.40		1- ZiP	Change Addition	
TITLE					3.1 T				
							1		
NAME	ļ				3.2 N		l		
STREET ADDRESS					3.3 \$7	REET	ADDRESS		
					3.3 ST 3.4. C	REET			
STREET ADDRESS				☐ DELETE	3.3 \$7	REET		☐ Change ☐ Addition	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90155 035 \*\*\*150.00

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