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

DOCUMENT # P98000076247

1. Corporation Name

DKS CONSULTING SERVICES, INC.

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90057 033 ***150.00



					# 1001001 IID :8481 IOILI BOLIL BOLL BOLL OBEIL IBBLO OLLIN 11011 ELDIL IDBL IDBL		
Principal Place of Business		Mailing Address					
7821 SNOWBERRY CIRCLE		7821 SNOWBERRY CIRCLE					
ORLANDO FL 32819-7178		ORLANDO FL 32819-7178			DO NOT WOITE IN THE SPACE		
					DO NOT WRITE IN THIS SPACE	$\overline{}$	
					3. Date Incorporated or Qualifed		
					08/28/1998		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	<u> </u>	
21		26			59-3531240 Not Applica	able	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additions	ıi	
22		27			5. Certificate of Status Desired Fee Required		
City & State		-City & State			6. Election Campaign Financing S5.00 May Be		
23		28			Trust Fund Contribution Added to Fees	-	
Zip Country		Zip Country			8. This corporation owes the current year Intangible		
一	25	29 30	·		Personal Property Tax.		
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent		
	9. Italie and Address of Current	Registered Agent	81	Name			
SWINSON, DAVID KENNETH		[*]		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7821 SNOWBERRY CIRCLE		<i>,</i>		Street	et Address (P.O. Box Number is Not Acceptable)		
•							
UHL	ANDO FL 32819-7178		83	1		ļ	
			84	City	85 Zip Code		
			"	, Oily	FL S Z P O O O O O O O O O		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named	ed corporation submits this statement for the purpose of changing its register	ed	
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	norized by	tne corp	orporation's board of directors. I hereby accept the appointment as registered		
agent. i ai	m familiar with, and accept the obligati	ions of, Section 607.0303, Florid	a Statute	٠.		-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Ba	ecistered Age	nt signature	re required when reinstating) DATE	·	
	OFFICERS ANI		13.	organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
12.	OFFICERS ANI	DELETÉ	1.1 TITLE		PRESIDENT Change Ad		
TITLE		352272			/ RESIDE.		
NAME			1.2 NAME		DAVID KENNETH SWINSON	Ì	
STREET ADDRESS			1.3 STREE	TADDRESS	16727 370000000000000000000000000000000000		
CITY-ST-ZIP			1.4 CITY-1	ST- ZIP	ORIANDO, FL. 32819 VICE PRESIDENT Change XAC	1200-	
TITLE	☐ DELETÉ 2.1 TI		2.1 TITLE		VICE PRESIDENT Change	ioition	
NAME			2.2 NAME		MARILYN B. SWINSON	ł	
STREET ADDRESS			2.3 STREE	T ADORESS	SS 7821 SNOWBERRY CIR.		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	ORLANDO, FL. 32819		
-TITLE -		DELETE -	3.1 TITLE		TREASURER . Change Ad	dition	
			3.2 NAME		DAVID V SIMINISON		
NAME			1	T ADDRESS	SS 1921 Sum RERPUCIR.		
STREET ADDRESS					1821 SNOW BERRY CIR. ORLANDO, FL. 32819	1	
CITY-ST-ZIP	1.00-27-07	☐ DELETE	3.4. CITY-	SI-ZIP	Change Ac	dition	
TITLE		☐ DELETE	4.1 TITLE				
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREI	T ADDRESS	SSS		
-CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ac	dition	
NAME			5.2 NAME			ļ	
STREET ADDRESS	-		5.3 STRE	T ADDRESS	ss		
CITY-ST-ZIP			5.4 CfTY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ac	dition	
			6.2 NAME				
NAME					292		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

CITY-ST-ZIP 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address with all other like empowered.

SIGNATURE:

CER OR DIRECTOR