


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90062 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000077486

1. Corporation Name
DAVENKIM, INC.



Principal Place of Business 306 NEBRASKA AVE. LONGWOOD FL 32750	Mailing Address 306 NEBRASKA AVE. LONGWOOD FL 32750
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

59-3532207

Applied For

Not 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent

KWIATKOWSKI, HARRY S
 306 NEBRASKA AVE.
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DPST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	KWIATKOWSKI, HARRY S.
STREET ADDRESS		1.3 STREET ADDRESS	306 NEBRASKA AV
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KWIATKOWSKI, JUDITH L
STREET ADDRESS		2.3 STREET ADDRESS	306 NEBRASKA AV
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KWIATKOWSKI, DAVID S.
STREET ADDRESS		3.3 STREET ADDRESS	310 S.E. 31ST TERRACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KWIATKOWSKI, KIMBERLY L
STREET ADDRESS		4.3 STREET ADDRESS	306 NEBRASKA AV
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

H.S. KWIATKOWSKI

1/21/99 407 849 1670

Date

Daytime Phone

CR2E034 (11/98)