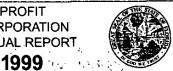
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000103764

1. Corporation Name

D.B.K. ENTERPRISES, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90046 014 ***150.00



	<u> </u>			
Principal Plac				
2510 TETON STONE RUN ORLANDO FL 32828-7915 ORLANDO FL 32828-7915				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				12/11/1998
2. Principal Place of Business 2a. Mailing Address 25/0 Teton Store			Ans. D.	4. FEI Number 59-3556142 Applied For Not Applied For
			SIOIR IM	
Suite, Apt; #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
22 0 (and) \$1 32828 27 City & State City & State			- 1	
City & State City & State 28 - Orl-4n Co			PL _	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 7.	Country A Zin	Cou	ntry .	8. This corporation owes the current year Intangible
24 52	32828 [3] USA [29] 32828 [3]		u-5/A	Personal Property Tax.
	9. Name and Address of Current Registered Agent	<u></u> -		10. Name and Address of New Registered Agent
			81 Name	Bouik
KOSHMER, BOUIK				dress (P.O. Box Number is Not Acceptable)
l	2510 TETON STONE RUN			
ORLA	NDO FL 32828-7915		83	
,	AND AND AND		84 City	85 Zip Code
	* Q!			rporation submits this statement for the purpose of changing its registered
SIGNATURE	am familiar with, and accept the obligations of, Section 607.0505, Florid Signature, typed or printed name of registered agent and title if applicable. (NOTE: R		Agent signature requ	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1,1 TE		☐ Change ☐ Addition
NAME	KOSHMER, BOUIK	1.2 NA		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		Ł	REET ADDRESS	•
CITY-ST-ZIP	ORLANDO FL 32828-7915	-	TY-ST-ZIP	☐ Change ☐ Addition
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NAME	KOSHMER, DANA	2.2 N		•
STREET ADDRESS			REET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828-7915	2.4 C	TY-ST-ZIP	☐ Change ☐ Addition
) TITLE		3.2 N	ŀ	
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CITY-ST-ZIP			ITY-ST-ZIP	<u></u>
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NAME		5.2 N		
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CITY-ST-ZIP		_	TY-ST-ZIP	
TITLE	DELETE		TLE ·	☐ Change ☐ Addition
NAME		6.2 N		
STREET ADDRESS	5	6.3 ST	TREET ADDRESS	
CITY-ST-ZIP	ſ	6.4 Cf	TY-ST-ZIP	

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 of 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, of on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR