

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S12689** (3)
1. Corporation Name
DUNKEI, INC.

Principal Place of Business
**4346 S. MANHATTAN AVE.
TAMPA FL 33611**

Mailing Address
**4346 S. MANHATTAN AVENUE
TAMPA FL 33611
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1990	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3036196	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KEITH, BRYAN R. 17204 ESTES ROAD TAMPA FL 33611		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City FL 85. Zip Code	

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 the applicable DATE) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KEITH, BRYAN R 17204 ESTES RD TAMPA FL	1.1 TITLE	VDST
NAME	KEITH, BRYAN R	1.2 NAME	Jeanne K. Dunbar
STREET ADDRESS	17204 ESTES RD	1.3 STREET ADDRESS	17204 Estes Rd
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz, FL. 33549
TITLE	D KEITH, BRYAN ROSS 17204 ESTES ROAD LUTZ FL	2.1 TITLE	
NAME	KEITH, BRYAN ROSS	2.2 NAME	
STREET ADDRESS	17204 ESTES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	VD DUNBAR, JEANNE K 17204 ESTES RD LUTZ FL	3.1 TITLE	
NAME	DUNBAR, JEANNE K	3.2 NAME	
STREET ADDRESS	17204 ESTES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an attachment with an address.

SIGNATURE: *Jeanne K. Dunbar* 4-16-98 813 831-4797

CR2E034 (10/97)