

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74546** (0)

1. Corporation Name
DERK ENTERPRISES, INC. II

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4109 HENDERSON BLVD. TAMPA FL 33629 **4109 HENDERSON BLVD. TAMPA FL 33629**

3. Date Incorporated or Qualified **09/01/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **4063 HENDERSON BLVD.** 26 **4063 HENDERSON BLVD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **TAMPA, FL** 28 **TAMPA, FL**
Zip Country Zip Country
24 **33629** 25 Country 29 **33629** 30 Country

4. FEI Number **59-3085694** 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 has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHWEITZER, RICHARD J.
4109 HENDERSON BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **4063 HENDERSON BLVD.**
83
84 City **TAMPA** FL 85 Zip Code **33629**

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 officer 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
TITLE **DP**
NAME **SCHWEITZER, RICHARD J.**
STREET ADDRESS **4109 HENDERSON BLVD**
CITY - ST - ZIP **TAMPA FL 33629**
TITLE **D**
NAME **SCHWEITZER, MARIANNE S.**
STREET ADDRESS **4109 HENDERSON BLVD**
CITY - ST - ZIP **TAMPA FL 33629**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **4063 HENDERSON BLVD.**
1.4 CITY - ST - ZIP **TAMPA FL 33629**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **4063 HENDERSON BLVD.**
2.4 CITY - ST - ZIP **TAMPA, FL 33629**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Schweitzer* **4/28/95** **813-289-3811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 8)