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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)S92988 D.K. CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 2695 HACKNEY RD 2695 HACKNEY RD FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0298897 Not Applicable Suite, Apt. #. elc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KRAIZGRVN. DAVID 2695 HACKNEY RD 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33331 83 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change Addition KRAIZGRVN, DAVID NAME 1.2 NAME 2695 HACKNEY RD 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33331 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP Addition DELFTE Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6 1 TITLE 6.3 STREET ADDRESS STREET ADDRESS the thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information formula report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an user the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information indicated on this arioual report of officer or director of the corpo Block 12 or Block 13 if charge SIGNATURE:

FILED

Feb 16 1998 8:00am