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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name DBK, INC.

appears in Block 12 or Block 13 if changed, or or

Mailing Address

(0)

FILED Mar 13 1997 8:00am Secretary of State



1502 ROBER JACKSONYIU US	TS DR LE BEAHC FL 32250	1502 ROBERTS JACKSONVILLE (US		50-322	2				
4.5		•••				3. Date Incorporated or Qualified 05/20/1992	3a. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Addro	SS			4. FEI Number		I A	oplied For
21		26				59-3123975 Not Applic			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired \$8.75 Additional			Additional
22		27				5. Certificate of Status Desired		Fee Re	equired
City & Stat	6	City & State				Election Campaign Financing \$5.00 May Be			
23	·	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		ountry	/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30				Florida Statutes Yes No				
	9. Name and Address of Curren	nt Registered Agent]	y ,	10. Name and Address of New Reg	istered Ag	ent	
	IERN, FRED L. JR.			81	Name				
	15 SOUTH THIRD STREET		82		Street Addr	ress (P.O. Box Number is Not Acceptable	o)		
SU	ITE 101		3/(66)			Address (1.0. Dox Mulliper is Not Neceptable)			
JA	CKSONVILLE BEACH FL 32250								
				84	City		FL	B5 Zip	Code
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florid of Florida. Such chang ations of, Section 607.0	a Statutes, the je was authori 505, Florida S	abov zed by statute:	e-named corp y the corporat s.	poration submits this statement for the pution's board of directors. I hereby accep	irpose of ch the appoin	nanging i Iment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE Regist	егео Ар	rint signature requir	reo when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC			
TITLE	U	DEE	[TE 1.	1 TITLE				Change	Addition
NAME			2 NAME		DAVID GARMOD				
STREET ADDRESS	1502 ROBERTS DR		1.3 \$7		ADDRESS	1502 ROBERTS DR.			
CITY-ST-ZIP	JACKSONVILLE BEACH FL		4 CITY - 5	ST - 71P	DAVID GARMOD 1502 ROBERTS DR. JACKSONVILLE BEAL	H, FL	•		
TITLE	V.	☐ DEI	ETE 2:	1 TITLE				Change	Addition (
NAME	GARDIOLD, DAVID		2.	2.2 NAME					
STREET ADDRESS		.	2.3 STR		ADDRESS	•			
CITY-ST-ZIP	CACKLUSTILLE BOH	CL. 32250	2.50 2.40		S1- <i>7</i> (P				ļ
TITLE		DE	DELETE 3.1 TIT					Change	Addition
NAME			3.3	2 NAME					
STREET ADDRESS			3.3	3 STREET	ADDRESS				
CITY-ST-ZIP			3.	4. CITY	S1-ZIP				
TALE		DEU	ETE 4.	1 TITLE				Change	Addition
NAME			. 4.	2 NAME					
STREET ADDRESS			4.5	3 STREET	ADDRESS				
CITY-ST-ZIP			4	4 CITY - S	SI - 71P				l
TITLE		DE		1 TITLE				Change	Addition
NAME				2 NAME			_	•	
STREET ADDRESS			- "		ADDRESS				- 1
			1						
CITY-ST-ZIP		DEL		4 CHY - S 1 THLE	01-7IF	·	····	Change	Addition
· ·		בן טבנ					Ļ	, อาเมาบูธ	
NAME				2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRESS				

14. I do 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 occiver of 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 Generoid, or refer all the desired of the occiver occiver of the occiver occiver occiver occiver occiver occiver occ