

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47918**

(0)

1. Corporation Name

D.K. SERENDIPITY, INC.

Principal Place of Business

**321 PARK AVENUE
BOCA GRANDE FL 33921**

Mailing Address

**P O BOX 453
BOCA GRANDE FL 33921-453
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

36. Date of Last Report

04/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FBI Number

65-0354193

Applied For

File Application

5. Certificate of Status (Yes/No)

☐

**\$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 SS 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SCHWERTMAN, DANIEL J.
321 PARK AVENUE
BOCA GRANDE FL 33921**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 601.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, Kimberly Schwertman, who is authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Sections 601.0502 and 607.1508, Florida Statutes.

SIGNATURE

Kimberly Schwertman

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCHWERTMAN, DANIEL J.
STREET ADDRESS	830 E. THIRD ST.
CITY, ST, ZIP	ENGLEWOOD FL
TITLE	D
NAME	SCHWERTMAN, KIMBERLY S.
STREET ADDRESS	830 E. THIRD ST.
CITY, ST, ZIP	ENGLEWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2. TITLE	
2.1 NAME	
2.1 STREET ADDRESS	
2.1 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.1 STREET ADDRESS	
3.1 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.1 STREET ADDRESS	
4.1 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.1 STREET ADDRESS	
5.1 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.1 STREET ADDRESS	
6.1 CITY, ST, ZIP	

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******200.00 ****200.00**

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 199.032(1)(b), 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

Kimberly Schwertman

3/13/95

813-964-2166