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Secretary of State

03-16-1999 90104 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47918

1. Corporation Name

D.K. SERENDIPITY, INC.

Principal Place of Business

Mailing Address

**321 PARK AVENUE
BOCA GRANDE FL 33921**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

65-0354193

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	SCHWERTMAN, DANIEL J.	
STREET ADDRESS	830 E. THIRD ST.	
CITY-ST-ZIP	ENGLEWOOD FL	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	SCHWERTMAN, KIMBERLY S.	
STREET ADDRESS	830 E. THIRD ST.	
CITY-ST-ZIP	ENGLEWOOD FL	

21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date, time Phone #

CR2E034 (11/98)