co	PROFIT RPORATION UAL REPORT  1998	<u> </u>	FTER MAY 1ST IS \$550.00  FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				FILED Jan 29 1998 8:00am Secretary of State	
	MENT # G2288 KO, INC.	80	(0)					
C/O MEGAN 2610 S FEE	ce of Business I BERISKO BERAL HIGHWAY ERDALE FL 33316	2610 S	Address Egan Berisko Federal High Auderdale Fl				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  02/07/1983	
2. Principal I	Place of Business	26	2e. Mailing Address  6  Suite, Apt #, etc.				4. FEI Number 59-2251961	Applied For Not Applicable \$8.75 Additional
22 City & Sta		27	7 City & State				Certificate of Status Desired     B. Election Campaign Financing     Trust Fund Contribution	Fee Required  \$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Currel	Zip 29	Anant	Count	у		8. This corporation owes or has paid the cu- Personal Property Tax due June 30.  10. Name and Address of New Registered	rrent year Intangible X Yes □ No
BERISKO, MEGAN 2610 S. FEDERAL HIGHWAY FORT LAUDERDALE FL 33316					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant office or agent. I a							ition submits this statement for the purpose one is board of directors. I hereby accept the applications are supported in the second of directors.	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered ago OFFICERS AN			£ Registered A	jent signature	required w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIDECTORO IN CO
TITLE NAME STREET ADDRESS	PD BERISKO, MEGAN 8119 NW 20TH COURT	D DIRECTORS	DELETE 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY DELETE 2.1 TITL 2.2 NAM		T ADDRESS		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS	MARGATE FL				1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREE1 ADDRESS		R. F. Carlot	Change & Change
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELEȚE			3.1 TITLE 3.2 NAME	2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			DELETE	3.4. CITY 4.1 TITLE 4.2 NAM	ST-ZIP			Change Addition

CITY-ST-ZIP

14. Thereby 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 occeiver 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZiP

4.4 CITY-ST-7IP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATIOE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-#T-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

1-20-98

954-462-803

Change

☐ Change

Addition

Addition