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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G41526** **(6)**

1. Corporation Name
ILKU, INC.

Principal Place of Business	Mailing Address
500 BAYVIEW DRIVE APARTMENT 322 NORTH MIAMI BEACH FL 33160	2552 KNOTTY PINE WAY CLEARWATER FL 34621-3908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3403289 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SADOWSKY, DAVID S ESQUIRE
2552 KNOTTY PINE WAY
CLEARWATER FL ~~34621~~ 33761-3908

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN, KURT		1.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-ST-ZIP	1.4 -2.p 33761-3908	
TITLE	VS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN, ILSE HEID DE		2.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-ST-ZIP	2.4 - 2.p 33761-3908	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN DE FINKELST, JANET		3.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY/% BARBARA DORFZAUN DE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	3.4 - 2.p 33761-3908	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN, ALBERTO		4.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY/% BARBARA DORFZAUN DE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		4.4 CITY-ST-ZIP	4.4 - 2.p 33761-3908	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN DE SADOWSKY, BARBARA		5.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		5.4 CITY-ST-ZIP	5.4 - 2.p 33761-3908	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	DORFZAUN, ERNESTO		6.2 NAME		
STREET ADDRESS	2552 KNOTTY PINE WAY/%BARBARA DORFZAUN DE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		6.4 CITY-ST-ZIP	6.4 - 2.p 33761-3908	

CR2E034 (10/97)

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.

SIGNATURE: Barbara Dorfzaun de Sadowsky Director 3/23/98 813 725-4889