## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000057298**1. Corporation Name

BIZICK ENTERPRISES, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90106 046 \*\*\*150.00



Principal Pla	ce of Business	Mailing Address				BONN BOND BING NOBLE II	
685 ROYAL PALM BEACH SUITE 103B		685 ROYAL PALM BEACH SUITE 103B					
			ROYAL PALM BEACH FL 33411		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
2 Principal	Place of Business	a Adaitin Adding	<del>-,_</del>		06/30/1997	· · · · · · · · · · · · · · · · · · ·	
21	riace of business	2a. Mailing Address			4. FEI Number	) <del></del>  -	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			65-0764328		Not Applicable
22		27			5. Certifcate of Status Desired	'	Additional Required
City & Sta	ate	City & State			6. Election Campaign Financing		<b>0</b> May Be
23		28			Trust Fund Contribution		d to Fees
Zip			Country		8, This corporation owes the current	t year Intangible	
24	25	[29]	30		Personal Property Tax.	Yes	□No
<u></u>	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
BIZ	ICK, RONALD G		["	Name			
685	ROYAL PALMS BEACH BLVD		82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	· · · · · · · · · · · · · · · · · · ·
SUI	TE 103B		83	<del>                                     </del>	2	<del>a a ton soutenace</del> 1869 latification (2013) et	6 (* 4.5.65) (* 4.4.94) •25.
RO	YAL PALM BEACH FL 33411						
			84	City		E1 85 Zig	Code
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga				orporation submits this statement for the puation's board of directors. I hereby accept the	rpose of changing in the appointment as in	ts registered registered
agont. I'd		stions of, Section 607.0505, Fib.	nua Statutes				
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE	: Registered Agen	nt signature requ	uired when reinstating)	DATE	
12.	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	: Registered Agen	nt signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC		ORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN		_	nt signature req			
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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 artischment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: