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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

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**FILED** Mar 18 1998 8:00am Secretary of State

FOLKE	rsen interests inc.				
Principal Plac	e of Business	Mailing Address			I BABIN SYENY BIDIN DIDAN DIRAN YORU
6060 SW 18TH ST #101 6060 SW 18TH ST #101 BOCA RATON FL 33433 BOCA RATON FL 33433 US			DO NOT WRITE IN THIS SPACE		
00		00		3. Date Incorporated or Qualified	
				02/12/1979	
<del></del>	face of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-1879573	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e e e e e e e e e e e e e e e e e e e	City & State		6 Etastics Compaign Singular	\$5.00 May Be
23	•	28		6. Election Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29 3	o	Personal Property Tax due June 30.	Yes No
_	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registe	ered Agent
SH	Affer, Roger L		81 Name		
258	<del>SO N MILITARY TRAI</del> L		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
#2	<del>70 -</del>		2201	Corporate Blad. Su	ite 103
<del>190</del>	<del>OA RATON FL 88481</del>		83	•	
			84 City Bocu	Rutan	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes		poration submits this statement for the purporation's board of directors. I hereby accept the	
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was aut ations of Section 607,0505, Florid	thorized by the corpora	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE	with the state of	3.05.10 0.1, 00011011 001, 10000, 110,110	aa (,,a,,a,,a,,		
	Signature, typed or printed name of registered age	int and Islo if applicable (NOTE: F	Registered Agent eignature requ		ATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change L. Addition
NAME	FOLKERSEN, HENRY		1.2 NAME		
STREET ADDRESS	390 N FEDERAL HWY #402		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	STD	C) DECEIE	2.1 TITLE		L_ Change L_ Addition
NAME	FOLKERSEN, R EVYONNE		2.2 NAME		
STREET ADDRESS	390 N FEDERAL HWY #402 DEERFIELD BEACH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME .	FOLKERSEN, JEFFREY S.	<b>*******</b>	3.2 NAME		- amile maile
STREET ADDRESS	390 N FEDE HWY #402		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		3.4. CITY-ST-ZIP		
TITLE	DECINICED BOTT TE	☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		!	6.3 STREET ADDRESS		
			6.4 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.

SIGNATURE:

561-362-7149