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Secretary of State

03-03-1999 90058 048 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000003139

1. Corporation Name
W. K. INTERNATIONAL, INC.

Principal Place of Business
**5324 BODEGA PLACE
 DELRAY BEACH FL 33484-6664**

Mailing Address
**5324 BODEGA PLACE
 DELRAY BEACH FL 33484-6664**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1994

2. Principal Place of Business
 21 **11759 CARACAS BLVD**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **11759 CARACAS BLVD**
 Suite, Apt. #, etc.

4. FEI Number
13-2623731

22 City & State
Boynton Beach, FL

27 City & State
Boynton Beach, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip **33437** Country **USA**

28 Zip **33437** Country **USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24

29

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOLPAK, WALTER
 5324 BODEGA PLACE
 DELRAY BEACH FL 33484**

81 Name **KOLPAK, WALTER**
 82 Street Address (P.O. Box Number is Not Acceptable) **11759 CARACAS BLVD**
 83
 84 City **Boynton Beach, FL** 85 Zip Code **33437**

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 **WALTER KOLPAK PRES.** *[Signature]* **1/12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLPAK, WALTER	1.2 NAME	
STREET ADDRESS	5324 BODEGA PLACE	1.3 STREET ADDRESS	11759 CARACAS BLVD
CITY-ST-ZIP	DELRAY BEACH FL 33484-6664	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLPAK, CARA	2.2 NAME	11759 CARACAS BLVD
STREET ADDRESS	5324 BODEGA PLACE	2.3 STREET ADDRESS	Boynton Beach, FL 33437
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	FRANCES L. CANTOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	11759 CARACAS BLVD
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **WALTER KOLPAK PRES.** *[Signature]* **1/12/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)