

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP -2 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002908 (0)**

1. Corporation Name

BUCKRAM OAK HOLDINGS N.V., INC.

Principal Place of Business

**9530 OLD FRANKFORT PK
LEXINGTON KY 40510
US**

Mailing Address

**C/O MICHAEL SULLIVAN
2365 HARRODSBURG ROAD
LEXINGTON KY 40504**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

61-0945595

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

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

**FOSTOCK, MOUSTAPHA
3070 NE 40TH CT.
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	AZIZ FUSTOK, PRINCESS AIDA	
STREET ADDRESS	3070 NE 49TH CT.	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTOCK, MOUSTAPHA	
STREET ADDRESS	3070 NE 40TH CT.	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2703 E. COMMERCIAL BLVD.	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	

2.1 TITLE	VTSM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FUSTOK, MANSOUR	
2.3 STREET ADDRESS	2703 E. COMMERCIAL BLVD.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

Mansour Fustok, VTSM

8/1/97

(854) 222-1891

CP2E034 (4/97)