

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.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000564 (2)**

1. Corporation Name

THE B.N.K. CORPORATION

Principal Place of Business

Mailing Address

**4411 S. KIRKMAN ROAD
SUITE 203
ORLANDO FL 32811**

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SUITE 203
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/01/1996

4. FEI Number Applied For

59-3345448

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

2. Principal Place of Business

2a. Mailing Address

21 238 Wilshire Blvd.
Suite, Apt. #, etc.

26 238 Wilshire Blvd.
Suite, Apt. #, etc.

22 Ste. 149
City & State

27 Ste. 149
City & State

23 Casselberry, FL

28 Casselberry, FL

24 32707 Country **25 U.S.A.**

29 32707 Country **30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIEFNER, CHARLES
=1470 GENE ST=
=WINTER PARK FL 32789=**

**162 Riverbend Dr. Apt. G
Altamonte Springs, FL 32714**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP
NAME KIEFNER, CHARLES
STREET ADDRESS 202-G RIVERBEND DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714**

1.1 TITLE ☒ Change ☐ Addition

**12 NAME
13 STREET ADDRESS 162 Riverbend Dr. Apt. G
14 CITY-ST-ZIP Altamonte Springs, FL 32714**

TITLE ☐ DELETE

**DST
NAME BALDRIDGE, ORVILLE JR
STREET ADDRESS 1154 GALAHAD DR
CITY-ST-ZIP CASSELBERRY FL 32707**

2.1 TITLE ☐ Change ☐ Addition

**22 NAME
23 STREET ADDRESS
2 4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☒ Addition

**32 NAME
33 STREET ADDRESS
3.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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 *[Signature]*

CR2E034 (4/97)