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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J46494** **(7)**

1. Corporation Name
PBK, INC.

Principal Place of Business	Mailing Address
21965 HIGH PINE TRAIL **BOCA RATON FL 33428**	**23277 WATER CIRCLE** **BOCA RATON FL 33486-8537** **US**

2. Principal Place of Business	2a. Mailing Address
21 23277 WATER CIRCLE Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 BOCA RATON, FL. Zip 24 33486 Country 25 US	28 Zip 29 Country 30

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 07/09/1996
4. FEI Number: 59-2747061 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BARTUSKA, PETER
23277 WATER CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	BARTUSKA, PETER M.		12 NAME		
STREET ADDRESS	23277 WATER CIRCLE		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		14 CITY-ST-ZIP	33486	
TITLE	VPD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	KIETZMANN, KLAUS M.		22 NAME		
STREET ADDRESS	4216 NW 4TH AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	KNAPP, ROBERT J.		32 NAME		
STREET ADDRESS	~~21965 HIGH PINE TRAIL~~		33 STREET ADDRESS	25 BUCHANAN WAY	
CITY-ST-ZIP	~~BOCA RATON FL 33428~~		34 CITY-ST-ZIP	FLEMINGTON, N.J. 08822	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: PETER M. BARTUSKA DATE: 3/15/97 TELEPHONE: 561-392-7195