**PROFIT** CORPORATION ANNUAL REPORT

1997

FBK, INC.

STHEET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

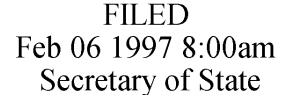
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J63282

(4)

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



561 395 4040

Principal Disa	a of Queinora	Molling Address			
Principal Place 901 E. CAMINA APT. 15-B BOCA RATON	O REAL	Mailing Address  MAUREEN H. KENNON 2499 W GLADES RD #313 BOCA RATON FL 33431-720	<b>12</b>		
US		US		3. Date Incorporated or Qualified 03/19/1987	3a. Date of Last Report 01/31/1996
	lace of Business	2a. Mailing Address		T .	Applied For
Suite, Apt.	#. etc	26   (0   Brix Suite, Apt. #, etc.	eu Ave.	59-2793829	Not Applicable  \$8.75 Additional
22		27 Suite 800	)	5. Certificate of Status Desired	Fee Required
City & State	O	City & State	સ	6. Election Campaign Financing	\$5.00 May Be
Z <sub>i</sub> p	Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees
24	25		Dade	8. This corporation has liability for in Florida Statutes	rtangible tax under s. 199.032, Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	stered Agent
NEWTON, MACHEN 11.			81 Name 2	ichard M. Kwa	L
1	9 W GLADES RD #313 TE 300		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	CA RATON FL 33431		83		· <del></del>
			84 City	te 800	85 Zip Code
44 Direction	4. the annual control of Control	00 1 007 1000 5(11- 0) 1	Mia		- FL     33/3/
office or r	registered agent, 🗥 both, in the Stat	te of Florida. Such change was at	thorized by the corporati	oration submits this statement for the prior's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent. Fa	m familiar with, and accept the obli	gations of, Section 607.0505 Flor	ida Statutes.		
CICALATURE	, , , , , , , , , , , , , , , , , , ,	La Yu Iww			1/17/07
SIGNATURE	Signature, typed or printed name of registered a	geni and title if applicable [NOTE:	Registered Agent signature require		1/17/97 DATE
12.	OFFICERS AI	ND DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	
12. TITLE	OFFICERS AI	ND DIRECTORS  DELETE	13. 1.1 TITLE		DATE CHANGE Addition
12. TITLE NAME	OFFICERS AT D KRAFTSOW SACKS, FREDA	ND DIRECTORS  DELETE  B.	13. 1.1 TITLE 1.2 NAME		
12. TITLE	OFFICERS AI	ND DIRECTORS  DELETE  B.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. TITLE NAME STREET ADDRESS	OFFICERS AT D KRAFTSOW SACKS, FREDA 901 E. CAMINO REAL #15-B	ND DIRECTORS  DELETE  B.	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT D KRAFTSOW SACKS, FREDA 901 E. CAMINO REAL #15-B	ND DIRECTORS  DELETE  B.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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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.