PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90012 013 \*\*\*150.00

DOCUMENT # J78921	T.
1. Corporation Name	
BKR PROPERTIES, INC.	
<u></u>	.
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

BKH PHO	DPERTIES, INC.									
Principal Place	of Rusiness	Mailing Address							# # # # # # # # # # # # # # # # # # #	li Bizili Bibil 1961
% JOHN D. ROOD		% JOHN D. ROOD	John O. Rood 330 Hartley Road. Suite #100				DO NOT WE	RITE IN TH	S SPACE	
JACKSONVILLE	FL 32237	JACKSONVILLE FE 32237				3. Date Inco	orporated or Qualifer	t		
2 Principal Pla	ace of Business	2a. Mailing Address		_		4. FEI Numb				App ied For
<del>_</del>	ace of Buomoss	26				59-2819	9271			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22	,	27				5. Certificate	of Status Desired		Fee F	Required
City & State	9	City & State				6. Election C	Campaign Financing		\$5.00	May Be
23		28				Trust Fun	nd Contribution		Added	d to Fees
Zip	Country	Zip	Co	илтгу		8. This corp	oration owes the cu	rrent year la		
24	25	29	30				Property Tax.		Yes	[]No
	9. Name and Address of Cur	rent Registered Agent				10. Name an	d Address of New	Registere	d Agent	
	TIL MADIC T			81 N	<sup>Name</sup> FAI	RRELL,	MARK T.			
	ELL, MARK T.			82 5	Street Addre	ess (P.O. Box N	umber is Not Accep	table)		
	HARTLEY RD				303	30 HART	LEY ROAD	<u>SUI</u>	<u>re 100</u>	)
STE	· - ·			83						
3225	70NVILLE FL 32257			84 (	City _				85 Zir	Code
					JA(	CKSONVI	LLE	F	L    32	2257
					- T - T - T - T		this atotomout for th	o purpoco		
office cr re agent. I an	to the provisions of Sections 607 egistered agent, or both, in the Stanfarmiliar with, and accept the ob	ate of Florida, Such change was a	orida Sta	a by the	amed corpo e corporation	oration submits to on's board of cire	this statement for th	4 -	of changing i cintment as i -23-99	reg stered
office crire agent. Lar SIGNATURE	egistered agent, or both, in the Standard agent, and accept the ob	agent and the if applicable. (NOT	orida Sta	a by the itutes. ARK ed Agent sig	amed corpo e corporation	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99	
office crire agent. Lar SIGNATURE	egistered agent, or bo'h, in the St m familiar with, and accept the ob Signature, typed or printed na ne of registered OFFICERS	agent and ble if applicable.  (NOT ANT) DIRECTORS	itthorize orida Sta M. :: Registere	ARK	amed corpo e corporation	ARRELL I when reinstating)	this statement for th	4 -	-23-99	TOF S IN 12
office crre agent. I an	egistered agent, or both, in the Stanfamiliar with, and accept the ob  Signature, typed or printed name of registered  OFFICERS	agent and the if applicable. (NOT	inthorized in india Star M. Registere 13	ARK ad Agent sig	amed corpo e corporation	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99	TOF S IN 12
office crreagent. I an SIGNATURE	egistered agent, or bo h, in the St m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS DP ROOD, JOHN D.	agent and ble if applicable. (NOT ANL! DIRECTORS	inthorized orida Star M.  Registere 13	ARK ad Agent sig	amed corpo e corporation T . FA	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99	TOF S IN 12
office or reagent. I are SIGNATURE  12.	signature, typed or printed name of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100	agent and ble if applicable. (NOT ANL! DIRECTORS	inthorize orida Sta M. Registere 13 11	ARK  AGAGENT SIGN  TITLE  NAME  STREET AD	amed corpose tion  T . F A gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99	TOF S IN 12
office crre agent.   ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL	agent and ble if applicable. (NOT ANL) DIRECTORS	i: Registere  13 11 121 133 140	ARK ad Agent sig . TITLE NAME STREET AD	amed corpose tion  T . F A gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99  ND DIRECT	FOF S IN 12
office crre agent.   ar SIGNATURE  12. TITLE NAME STREET ADDRE SS	Signature, typed or printed na na of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST	agent and ble if applicable. (NOT ANL! DIRECTORS	13 11 121 133 144	ARK ad Agent sig  TITLE  NAME  STREET AD  CITY-ST-ZI	amed corpose tion  T . F A gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99	FOF S IN 12
office crre agent.   ar agent.   ar agent.   ar signature   12.  TITLE   NAME   STREET ADDRE SS   CITY-ST-ZIP   TITLE   NAME   NAME	signature, typed or printed na na of registered of Printed Pri	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE	13	ARK ARK  d Agent sig  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME	amed corpo corporation  T . FA  gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99  ND DIRECT	FOF S IN 12
office crre agent.   ar agent.   ar signature   12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE	13	A R K ad Agent sig . TITLE NAME STREET AD CITY-ST-ZI TITLE NAME STREET AD	amed corpo corporation  T. FA  gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99  ND DIRECT	FOF S IN 12
office crreagent.   arrangent.   arrangent.	signature, typed or printed na na of registered of Printed Pri	agent and ble if applicable. (NOT ANL ) DIRECTORS  DELETE	133 1.44 2.11 2.24 2.33 2.44	A R K  ad Agent sig  TITLE  NAME  STREET AD  CITY- ST- ZI  TITLE  NAME  STREET AD  CITY- ST- ZI  CIT	amed corpo corporation  T. FA  gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 IND DIRECT Change	FOF S IN 12 e Addition
office crite agent.   ar agent.   ar signature   12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE	13 1.44 2.13 2.24 3.1	A R K  ad Agent sig  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  TITLE  TITLE	amed corpo corporation  T. FA  gnature required	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99  ND DIRECT	FOF S IN 12 e Addition
office crreagent.   arrangent.   arrangent.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL ) DIRECTORS  DELETE	13	A R K  Ad Agent sig  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME	armed corpo corporation  T. FA  gnature required  DDRESS  IP	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 IND DIRECT Change	FOF S IN 12 e Addition
office crite agent.   ar agent.   ar signature   12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL ) DIRECTORS  DELETE	Registere	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  CITY-ST-Z  STREET AD  CITY-ST-Z  STREET AD  CITY-ST-Z  STREET AD  CITY-ST-Z  STREET AD  STREET AD	armed corpo corporation  T. F.A.  gnature required  DORESS  IP  DORESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 IND DIRECT Change	FOF S IN 12 e Addition
office cite agent.   ar agent.   ar SIGNATURE  12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL I DIRECTORS DELETE	13	A R K  Ad Agent sig  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z  CITY-ST-Z	armed corpo corporation  T. F.A.  gnature required  DORESS  IP  DORESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 ND DIRECT Change	FOF S IN 12 e Addition e Addition
office cite agent.   ar agent.   ar SIGNATURE  12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL ) DIRECTORS  DELETE	13	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  STREET AD  CITY-ST-Z  TITLE  STREET AD  CITY-ST-Z  TITLE	armed corpo corporation  T. F.A.  gnature required  DORESS  IP  DORESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 IND DIRECT Change	FOF S IN 12  a Addition  a Addition
office cite agent.   ar agent.   ar SIGNATURE    12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL I DIRECTORS DELETE	Registere	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  NAME  NAME  NAME	armed corpo a corporation  T. F.A.  gnature req. red.  DORESS  PDORESS  ZIP  DORESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 ND DIRECT Change	FOF S IN 12 e Addition e Addition
office cite agent.   ar agent.   ar SIGNATURE    12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL I DIRECTORS DELETE	13   14   22   23   34   41   4   2   4   3   3   4   4   2   4   3   3   4   4   5   6   6   6   6   6   6   6   6   6	A R K ad Agent sig . ITITLE NAME STREET AD CITY-ST-ZI TITLE NAME STREET AD CITY-ST-Z	amed corpo a corporation  T . F A  gnature required  DDRESS  IP  DDRESS  ZIP  DDRESS  DDRESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 ND DIRECT Change	FOF S IN 12 e Addition e Addition
office cite agent.   ar agent.   ar SIGNATURE    12.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE	13	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z	amed corpo a corporation  T . F A  gnature required  DDRESS  IP  DDRESS  ZIP  DDRESS  DDRESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT Change	FOF S IN 12  B Addition  B Addition  C Addition
office cite agent.   ar agent.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL I DIRECTORS DELETE	Registere	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE	amed corpo a corporation  T . F A  gnature required  DDRESS  IP  DDRESS  ZIP  DDRESS  DDRESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	-23-99 ND DIRECT Change	FOF S IN 12 e Addition e Addition e Addition
office cite agent.   ar agent.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE	13	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z  TITLE  NAME  NAME  STREET AD  CITY-ST-Z  TITLE  NAME	amed corpo corporation  T. F.A.  gnature required  DORESS  IP  DORESS  ZIP  DORESS  JP  DORESS  JP	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT Change	FOF S IN 12  B Addition  B Addition  C Addition
office cite agent.   ar agent.	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE	13	A R K  ad Agent sig  .  ITILE  NAME  STREET AD  CITY-ST-Z  ITILE  NAME  STREET AD	amed corpo a corporation  T . F A gnature req. red  DDRESS IP  DDRESS ZIP  DDRESS SP  DDRESS SP	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT Change	FOF S IN 12  B Addition  B Addition  C Addition
office cite agent.   ar agent.   ar agent.   ar signature   12.  TITLE  NAME  STREET ADDRE SS  CITY- ST- ZIP	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and be if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE  DELETE	Registere	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z	amed corpo a corporation  T . F A gnature req. red  DDRESS IP  DDRESS ZIP  DDRESS SP  DDRESS SP	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT  Change  Change	FOF S IN 12 e
office cite agent.   ar agent.   ar agent.   ar signature   12.  TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   TIT	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and ble if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE	13	A R K  ad Agent sig  .  ITITLE  NAME  STREET AD  CITY-ST-Z  TITLE	amed corpo a corporation  T . F A gnature req. red  DDRESS IP  DDRESS ZIP  DDRESS SP  DDRESS SP	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT Change	FOF S IN 12 e
office cite agent.   ar agent.   ar agent.   ar signature   12.  TITLE  NAME  STREET ADDRE SS  CITY- ST- ZIP	signature, typed or printed na ne of registered of Pricers  Signature, typed or printed na ne of registered OFFICERS  DP  ROOD, JOHN D.  3030 HARTLEY ROAD #100  JACKSONVILLE FL  VST  FARRELL, MARK T  3030 HARTLEY RD STE 100	agent and be if applicable. (NOT ANL) DIRECTORS  DELETE  DELETE  DELETE	11	A R K  ad Agent sig  .  TITLE  NAME  STREET AD  CITY-ST-ZI  TITLE  NAME  STREET AD  CITY-ST-Z	amed corpo a corporation T - F A gnature required  DDRESS IP  DDRESS ZIP  DDRESS ZIP  DDRESS DDRESS DDRESS DDRESS	ARRELL I when reinstating)	this statement for th ectors. I hereby acc	4 -	- 23 – 99  ND DIRECT  Change  Change	FOF S IN 12 e

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 attact ment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICE TOR DIRECTOR

MARK T. FARRELL 4-23-99

(904)260-3030