

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90226 010 ***150.00

DOCUMENT # J94118

1. Corporation Name
SPRINK, INC.



Principal Place of Business

% ALFRED J. HOROWITZ, ESQ.
4170 PETERS RD
FT. LAUDERDALE FL 33317

Mailing Address

% ALFRED J. HOROWITZ, ESQ.
4170 PETERS RD
FT. LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. LAWRENCE BERKMAN

Suite, Apt. #, etc.

22. 340 SW 40 AVE

City & State

23. PLANTATION FLORIDA

Zip

24. 33309

Country

25. USA

2a. Mailing Address

26. LAWRENCE BERKMAN

Suite, Apt. #, etc.

27. 340 SW 40 AVE

City & State

28. PLANTATION FLORIDA

Zip

29. 33309

Country

30. USA

3. Date Incorporated or Qualified

09/25/1987

4. FEI Number
65-0011327

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKMAN LAWRENCE H
4170 PETERS RD
FT. LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

81. Name

BERKMAN LAWRENCE H

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

340 SW 40 AVE

83.

84. City

PLANTATION

FL

85. Zip Code

33309

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 LAWRENCE H. BERKMAN

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

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERKMAN, LAWRENCE
4170 PETERS RD.
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
PRESIDENT
BERKMAN, LAWRENCE

1.3 STREET ADDRESS
340 SW 40 AVE

1.4 CITY-ST-ZIP
PLANTATION, FL 33309

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

954-791-7320

CR2F034 (11/98)

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