

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K79287

(4)

1. Corporation Name

PFK INCORPORATED

Principal Place of Business

10980 SW 27TH ST
DAVIE FL 33328

Mailing Address

10980 SW 27TH ST
DAVIE FL 33328



2. Principal Place of Business

2a. Mailing Address

21 1550 NW 114th Ave

26 DAVIE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 33323 25 BROWARD

29 30 Country

9. Name and Address of Current Registered Agent

FEINMAN, STEVEN A.
2122 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Feinman, Steven A. Attorney
82 Street Address (P.O. Box Number is Not Acceptable)
83 8382 State Road 84
84 City Davie FL 85 Zip Code 33324

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Attorney at Law

6/17/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME DP
STREET ADDRESS KOESTERS, PAUL F.
CITY-STATE-ZIP 10980 SW 27TH STREET
DAVIE FL

2. TITLE ☐ DELETE

NAME TS
STREET ADDRESS KOESTERS, JEANNE
CITY-STATE-ZIP 10980 SW 27TH STREET
DAVIE FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or person 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 from a statement with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900001887779
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***200.00

51-96
JK

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CR2E034 (12/95)