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PROFIT CORPORATION ANNUAL REPORT

1998

BSK. INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L34046

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2401 EXECUTIVE PLAZA DRIVE 2401 EXECUTIVE PLAZA DRIVE SUITE 38 SUITE 3B PENSACOLA FL 32504 PENSACOLA FL 32504 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1990 4. FEI Number 2. Principal Place of Business 2a. Maiting Address Applied For 59-2981728 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Kalishman, Sidney 2401 EXECUTIVE PLAZA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) Suite 3B 83 PENSACOLA FL 32504 City Zip Code 85 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 DELETE Change Addition TITLE 11 TITLE KALISHMAN, SIDNEY NAME 1.2 NAME 2401 EXECUTIVE PLAZA DR STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE KALISHMAN, BETTY SUE NAME 2.2 NAME 2401 EXECUTIVE PLAZA DR STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 charged, or on an attachment with an address.