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Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L49308

(4)

1. Corporation Name  
BILKE ENTERPRISES, INC.

Principal Place of Business

% HOWARD HERSHOWITZ  
P. O. BOX 22038  
FT LAUDERDALE FL 3335-308  
US

Mailing Address

% HOWARD HERSHOWITZ  
P. O. BOX 22038  
FT. LAUDERDALE FL 33335-2038  
US

3. Date Incorporated or Qualified  
02/12/1990

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0177383

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERSKOWITZ, HOWARD  
212 SE 8TH ST  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME HERSKOWITZ, HOWARD  
STREET ADDRESS 212 S.E. 8TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DT  
NAME HERSKOWITZ, AARON  
STREET ADDRESS 4990 SW 64TH PL  
CITY-ST-ZIP MIAMI FL

TITLE DV  
NAME HERSKOWITZ, LOUIS (DR.)  
STREET ADDRESS 1790 MULKEY RD, #1  
CITY-ST-ZIP AUSTELL GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D  
1.2 NAME Herskowitz, Howard  
1.3 STREET ADDRESS 212 S.E. 8th Street, Suite 101  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

2.1 TITLE D  
2.2 NAME Herskowitz, Aaron  
2.3 STREET ADDRESS 4990 S. W. 64th PL  
2.4 CITY-ST-ZIP Miami, FL 33155

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard B. Herskowitz, PRES 2/13/97 (954) 764-4750

Date

Daytime Phone #

CR2E034 (9/96)