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Jan 21 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 # M54040 (4)  
1. Corporation Name  
HREBIK ENTERPRISES, INC.



Principal Place of Business: 3453 NE 210TH TERRACE - AVENTURA FL 33180 - US  
Mailing Address: P.O. BOX 822010 MIAMI FL 33280-1100 - US

3. Date Incorporated or Qualified: 06/17/1987  
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business: 21 303 SW 85TH WAY, Suite # 202, City & State: PEMBROKE PINES, FL, Zip: 33025, Country: USA  
2a. Mailing Address: 26 P.O. BOX 822010, Suite #, etc.: SOUTH FLORIDA, FL, Zip: 33082-2010, Country: USA

4. FEI Number: 65-0105506, 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: HREBIK, RICHARD K., 3453 NE 210TH TERRACE MIAMI FL 33180 - 303 SW 8th Way #202 Pembroke Pines, FL 33025

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	HREBIK, RICHARD K.	
STREET ADDRESS	3453 NE 210TH TERRACE -	
CITY - ST - ZIP	AVENTURA FL -	
TITLE	ST	<input type="checkbox"/>
NAME	HREBIK, CAROLE C.	
STREET ADDRESS	3453 NE 210TH TERRACE	
CITY - ST - ZIP	AVENTURA FL -	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	303 SW 85th Way #202		
1.4 CITY - ST - ZIP	Pembroke Pines, FL 33025		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	303 SW 85th Way #202		
2.4 CITY - ST - ZIP	Pembroke Pines, FL 33025		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/12/97 DAYTIME PHONE #: 954-430-6737

CR2E034 (9/96)