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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

M54040

(4)

HREBIK ENTERPRISES, INC.

Mailing Address

303-SOUTHWEST-85TH WAY 202- 16583 SW 157 STREET PEMBROKE PINES FL 33029 7 PO BOX 822010 SOUTH FLORIDA FL 33082-2010 FILED
Jan 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0105506 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 函-5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 五 Trust Fund Contribution Added to Fees 23 28 Country Country Zin 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HREBIK, RICHARD K. 303-SW-85TH-WAY- /6583 SW 1st Street 82 Street Address (P.O. Box Number is Not Acceptable) 83 PEMBROKE PINES FL 3302 7 City 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE Change Addition TITLE HREBIK, RICHARD K. NAME 1 2 NAME CR2E034 303-SW 85TH WAY #202 16583 SW 154 5thed STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Change Addition 2.1 TITLE TITLE HREBIK, CAROLE C. 2.2 NAME NAME 303 SW 85TH WAY #202 /6583 SW 1Sts Treet 2.3 STREET ADORESS STREET ADDRESS 33027 PEMBROKE PINES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

ENCYCLOW FRICHAIZD TR

1/6/99

954-430-6737