

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90061 042 ***150.00

DOCUMENT # P35531

1. Corporation Name
B C K ACQUISITIONS, LTD. INC.

Principal Place of Business

ONE S ORANGE AVE
FIFTH FL
ORLANDO FL 32801
US

Mailing Address

ONE S ORANGE AVE
FIFTH FL
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1991

4. FEI Number

25-1586967

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 1900 SUMMIT TOWER BLVD

Suite, Apt. #, etc.

22 SUITE 130

City & State

23 ORLANDO, FL

Zip

24 32810

Country

25

2a. Mailing Address

26 1900 SUMMIT TOWER BLVD

Suite, Apt. #, etc.

27 SUITE 130

City & State

28 ORLANDO, FL

Zip

29 32810

Country

30

9. Name and Address of Current Registered Agent

KATZEN, MARC
ONE S ORANGE AVE, FIFTH FL
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street

1900 Summit Tower Blvd.

83 Suite

Suite 130

84 City

Orlando, FL 32810

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 PD ☐ DELETE

NAME KATZEN, MARC
STREET ADDRESS ONE S ORANGE AVE, FIFTH FL
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ DELETE

NAME COHEN, GEORGE V.
STREET ADDRESS 199 SMOKEY CORNERS ROAD
CITY-ST-ZIP COGAN STATION PA

TITLE STD ☐ DELETE

NAME BEAN, JOHN W.
STREET ADDRESS 101 W. DUBOIS AVE.
CITY-ST-ZIP DUBOIS PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1900 Summit Tower Blvd. ☐ Addition

1.2 NAME Suite 130

1.3 STREET ADDRESS Orlando, FL 32810

1.4 CITY-ST-ZIP ☐ Addition

2.1 TITLE ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)