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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012469 (2)

B-K UNIVERSITY INC.

SIGNATURE:

FILED
May 14 1998 8:00am
Secretary of State

(954) 929-6292

Principal Plac	e of Business	Mailing Address			ISTE MATER I FERTA TIATE AT AT A METER AND EMPER FAMILY
300 N.W. 82ND AVENUE		300 N.W. 82ND AVENUE			
SUITE 410 FT. LAUDERDALE FL 33324		SUITE 410		DO NOT WRITE IN THIS \$PACE	
FI. LAUDERU	ALE FL 33324	FT. LAUDERDALE FL 33324		3. Date Incorporated or Qualified	EIN THIS SPACE
				12/10/1992	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 200 t	Pembroke Ra		roke Rd	65-0386508	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City 9 Ctol		City & State			Fee Required
City & Stat	Guerod. FL	28 Holly wood	FU	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zig	Country	Zip	Country	8. This corporation owes or has p	
24 336	25 Broward	29 330 20 3	o Broward	Personal Property Tax due June	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	agistered Agent
	ram, esther		81 Name		
ł	N.W. 82 AVENUE		82 Street Add	ress (R.O. Box Number is Not Accepta	ble)
#4			83 2001	rembrolle Rd	
j PD	ANTATION FL 33324		63	·	
•			84 City	117wood	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named con	poration submits this statement for the	purpose of changing its registered
Office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	f Florida. Such change was aut	horized by the corpora	tion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	The term of the te	( )   DOGG	au olalatob.		
SIGNATURE	Signature, typed or profed name of registered agent		Registered Agent signature requi		DATE
12.	OF FIGERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD Muram, Esther	☐ DELETE	1.1 TITLE		Change
NAME	300 N.W. 82ND AVENUE, #410	ì	1.2 NAME	ool fembroke R	. a
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL		1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	001 fembroke R	32-0
TITLE		DELETE	2.1 TITLE	sigueson . Pe son	Change Addition
NAME		_	2 2 NAME	•	v <del></del>
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CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	A 4 TITLE		Observe Addition
NAME			3 1 TITLE	·	Change Addition
STREET ADDRESS			3.2 NAME		: Li Change Li Addition
			3.2 NAME 3.3 STREET ADDRESS		: Change
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
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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 trusted 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.