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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006386 (5)

FILED Apr 01 1998 8:00am Secretary of State

B+K PINES INC.) 	P(18 B)(88 (178) (88)(8 B)(8 H08)	
Principal Place of Business Mailing Address		L 18855005 (18 18180 (114), 8841), 48141 88141 88411 88411 88411	bild files illet ifile fill ikë:	
300 N.W. B2ND AVENUE 300 N.W. B2ND AVENUE				
1 *************************************	····		DO NOT WRITE IN THIS SPACE	
TOTAL BRODEFINALE FE WARE	VE+	3. Date Incorporated or Qualified		
		01/13/1993		
2. Principal Place of Business 2a. Mailing Address	1	4. FEI Number	Applied For	
	broke Ru	65-0386501	Not Applicable	
Suite, Apt. #, efc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State City & State City & State	, PC	6. Election Campaign Financing	\$5.00 May Be	
Zip Country Zip	Country	Trust Fund Contribution	Added to Fees	
	Browsers	 This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation. 	urrent year Intangible	
9. Name and Address of Current Registered Agent	so or ouexica	10. Name and Address of New Registere		
MURAM, ESTHER	81 Name			
300 NW 82 AVE #410	00 00 00 00	(0.0.0		
SUITE 410	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324	83	TITE TO THE STATE OF THE STATE		
	84 City		lee Zin Code	
	84 City Ho	llywood. F	L 85 Zip Code	
11, Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statute: office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor	s, the above-named corporation in the corporation of the corporation o	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	of changing its registered population of changing its registered	
SIGNATURE				
Signature typed or pinted oaine of registered agent and title if applicable (NOTE	Registered Agent signature require		F	
12. OF FICE RS AND DIRECTORS TITLE D DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12 SChange ☐ Addition	
ANIMALA MOTILEM	1.1 TITLE		1	
NAME MUKAM, ESTHER STRET ADDRESS 300 NW 82 AVE #410	1.2 NAME 1.3 STREET ADDRESS	of Pembroke Ra	F034	
OLANITATION FI	1.4 CITY-ST-ZIP			
CITY-ST-ZIP PLANTATION FL. DELETÉ	2.1 TITLE	HAMME LE SOURCE	Change Addition	
NAME	22 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
City-ST-ZIP	2. 4 CITY - ST - ZIP			
TITLE DELETE	3.1 TITLE		Change Addition	
NAME	3.2 NAME			
STREET ADDRESS	3 3 STREET ADDRESS			
CITY-ST-ZIP	3.4. CITY - ST - ZIP			
TITLE DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY - ST - ZIP			
TITLE DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE	6.1 TITLE		☐ Change ☐ Addition	
NAME	6.2 NAME		i	
1			ì	
STREET ADDRESS CITY-ST-ZIP	6.3 STREET ADDRESS 6.4 City-St-Zip		}	

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). 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.

654 929-6202