

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 31 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000033209 (6)

1. Corporation Name  
SANKO, INC.

Principal Place of Business  
631 E. DANIA BEACH BLVD.  
DANIA FL 33004

Mailing Address  
631 E. DANIA BEACH BLVD.  
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 01/23/1996
4. FEI Number 65-0411028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRIAKO, SHIRLEY 211 S OCEAN DR #404 HOLLYWOOD FL 33019	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRIAKO, SHIRLEY 211 S OCEAN DR #404 HOLLYWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	400002260684-8 -08/07/97-01065-020 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRIAKO, JOHN 3200 N. PORT ROYAL DR. #510 FT. LAUDERDALE FL 33308	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	13821 WATERHOUSE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIRIAKO, WILLIAM 810 S. PARK RD. #1-218 HOLLYWOOD FL 33021	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	870 S. PARK ROAD #7-37 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 \_\_\_\_\_



FMC #3932

631 East Dania Beach Blvd.  
Dania, Florida 33004

10 JULY 1997

DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL. 32399

TO WHOM IT MAY CONCERN;

IN THE PROCESS OF BALANCING THE CORPORATE ACCOUNT I FOUND THAT THE CHECK SENT TO THE DEPARTMENT OF STATE FOR THE CORPORATE RENEWAL HAS NEVER BEEN CASHED. IN DISCUSSION WITH YOUR OFFICE THIS DATE I HAVE BEEN ADVISED TO SEND YOU THE ENCLOSED ITEMS:

- 1.) COPY OF ORIGINAL APPLICATION WITH AN ORIGINAL SIGNATURE
- 2.) COPY OF THE ORIGINAL CHECK
- 3.) NEW CHECK TO COVER THE APPLICATION FEE.

PLEASE SEE THAT THE CORPORATION REMAINS IN TACT AND THAT THE MATTER IS HANDLED IMMEDIATELY. PLEASE CALL ME AT THE NUMBER ABOVE IF THERE IS ANY PROBLEM OR IF THERE ARE ANY QUESTIONS REGARDING THIS MATTER.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS CORRESPONDENCE.

SINCEREST REGARDS,



SHIRLEY KIRIAKO