## 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

## DOCUMENT # **P93000033209**1. Corporation Name

T. COrporation Nam

SANKO, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90258 042 \*\*\*150.00

| OAINO,  |   |   |  |                    |                           |  |
|---|---|---|--|--------------------|---------------------------|--|
| Principal Place of Business Mailing Address   |   |   |  |                    |                           |  |
|   |   | 631 E. DANIA BEACH BLVE<br>DANIA FL 33004 | 631 E. DANIA BEACH BLVD.<br>DANIA FL 33004 |                    |                           | DO NOT WRITE IN THIS SPACE   |
|   |   |   |  |                    |                           | 3. Date Incorporated or Qualified  |
|   | ,   |   |  |                    |                           | 05/06/1993   |
| a Dringing Di   | ace of Business                                     | 2a. Mailing Address                       |  |                    | _                         | 4 FEI Number Applied For   |
| <del>-</del>  | 26  | ng Address                                |  |                    | 65-0411028 Not Applicable |  |
| 21 Suite, Apt.  | # etc   |   | Suite, Apt. #, etc.                        |                    |                           | \$8-75 Additional  |
| 22 27   |   |   |  |                    |                           | 5. Certificate of Status Desired Fee Required                              |
| City & State  |   | City & State                              |  |                    |                           | 6. Election Campaign Financing \$5.00 May Be                               |
| 23  |   | 28  |  |                    |                           | Trust Fund Contribution Added to Fees                                      |
| Zip   | Country   | Zip Cour                                  |  | intry              |                           | 8. This corporation owes the current year Intangible                       |
| 24  | 25  | 29  | 30   |                    |                           | Personal Property Tax.   |
|   | 9. Name and Address of Curren                       | ıt Registered Agent                       |  |                    | <u> </u>                  | 10. Name and Address of New Registered Agent                               |
|   | 140 011101 EV                                       |   |  | 81                 | Name                      | •  |
| KIRIAKO, SHIRLEY<br>211 S OCEAN DR #404   |   |   |  | 82                 | Street A                  | ddress (P.O. Box Number is Not Acceptable)                                 |
|   |   |   |  |                    |                           |  |
| HOLL  | YWOOD FL 33019                                      |   |  | 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   |   |   |  |                    |                           |  |
|   | Signature, typed or printed name of registered ager |   |  | Agent              | signature rec             | aured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12.   | <del>-</del>  | ND DIRECTORS                              | 13.<br>1.1 TI                              | ΠF                 | ĪŦ                        | Se Change Addition   |
| TITLE   | PD CHIDLEY  |   |  | 1                  |                           |  |
| NAME  | KIRIAKO, SHIRLEY<br>604 NE 2ND ST #131              |   |  | 1.3 STREET ADDR    |                           | KIRIAKO, SHIRLEY 631 E. DANIA BEACH BLVD                                   |
| STREET ADDRESS  | DANIA FL 33004                                      |   |  | 0                  |                           |  |
| CITY-ST-ZIP<br>TITLE  | VP  | DELETE                                    | _  | 21 TIDE            |                           | DANIA BEACH, FL 33004 Change X Addition                                    |
| NAME  | KIRIAKO, JOHN                                       |   | 1  | 22 NAME -          |                           | VP BENNY PELLITTERI  |
| STREET ADDRESS  | 13821 WATERHOUSE WAY                                |   |  | 2.3 STREET ADDRESS |                           | 604 N.E. 2ND STREET #131   |
| CITY-ST-ZIP   | ORLANDO FL 32828                                    |   |  | 2. 4 CITY-ST-ZI    |                           | DANIA BEACH, FL 33004  |
| TITLE   | ST ST   | DELETE                                    |  |                    |                           | TD   |
| NAME  | KIRIAKO, WILLIAM                                    |   | 3.2 N                                      | 3.2 NAME           |                           | JOHN KIRIAKU   |
| STREET ADDRESS  | 870 S. PARK RD., #7-37                              |   | 3.3 STREET AD                              |                    | ADDRESS                   | 15819 MUIRFIELD DR   |
| CITY-ST-ZIP   | HOLLYWOOD FL 33021                                  |   | 3.4. 0                                     | ITY-ST             | T-ZIP                     | ODESSA, FL 33556   |
| TITLE   | 1102211100012 00021                                 | ☐ DELETE                                  | 4.1 TI                                     | TLE                |                           | SD   |
| NAME  | . :   |   | 4. 2 N                                     | IAME               |                           | WILLIAM KIRIAKO  |
| STREET ADDRESS  |   |   | 4.3 S                                      | TREET              |                           | 870 PARK ROAD #7-37  |
| CITY-ST-ZIP   |   |   | 4.4 C                                      | ΠΥ-ST              |                           | HOLLYWOOD, FL 33021  |
| TITLE   |   | _ DELETE                                  | _  | TLE.               |                           | Change Addition  |
| NAME  |   |   | . 5.2 N                                    | AME                |                           |  |
| STREET ADDRESS  | 4   |   | 5.3 S                                      | TREET              | ADDRESS                   |  |
| CITY-ST-ZIP   |   |   | 5.4 C                                      | ITY-ST             | -ZIP                      |  |
| πŒ  | ·   | ☐ DELETE                                  | 6.1 TI                                     | TLE                |                           | Change C Addition  |
| NAME  | •   |   | 6.2 N                                      | AME                |                           |  |
| STREET ADDRESS  |   |   | 6.3 S                                      | TREET              | ADDRESS                   | }  |
| C(TY-ST-ZIP   |   |   | 6.4 C                                      | ITY-ST             | r-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 of supplemental annual people 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26ATR 99

951-925-4594

(open ) Longs