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Mailing Address

PO BOX 3018 SARASOTA FL 34230

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055233

1. Corporation Name

Principal Place of Business

PO BOX 3018

SARASOTA FL 34230

SBK INVESTMENTS, INC.

							3.	Date Incorporated or Qualifed	-	•	
<u></u> -	<u></u>		<u> </u>	_				08/04/1993 FEI Number	٠.	· 11	
2. Principa	t Place of Business	<u> </u>	Mailing Address				4.			_ ⊢	pplied For
21		26						65-0476614			lot Applicable
Suite, A	pt. #, etc.	Ь.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			Additional Required
22		27						<u></u>			
City & 5	State	Ь.	City & State				6.	Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	Ь.	Zip Cou			intry		This corporation owes the cur	rent year In		
24	25	29		30				Personal Property Tax.		□Yes	□No
	9. Name and Address of Current	Regis	tered Agent				10.	Name and Address of New	Registered	Agent	
	EVOED OTERHEN D				81	Name					
KEYSER, STEPHEN B				82	Street A	ddress (F	O. Box Number is Not Accept	able)			
•	515 RINGLING BLVD					•	· · · · · · · · · · · · · · · · · · ·				
S	ARASOTA FL 34236				83						
					84	City				85 Zip	Code
					04	City			FL	_ 03 2"	
office	ant to the provisions of Sections 607.0502 or registered agent, or both, in the State of I am familiar with, and accept the obligation	f Florid	ta. Such change was at	uthorize	a bv	the corpor	orporation ation's bo	n submits this statement for the oard of directors. I hereby acce	purpose of pt the appo	r changing i intment as i	is registered registered
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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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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Addition

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FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90058 006 ***150.00

DO NOT WRITE IN THIS SPACE

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