SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000055562 (1)

FDK ENTERPRISES, INC.

Principal Place of Business Mailing Address



7300 SW 84TH MIAMI FL 331		7300 SW 84TH PL MIAMI FL 33143			3. Date Incorporated or Qualified	3a. Date of Last Report
					08/06/1993	03/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26			65-0427419	Not Applican e
Suite, Apt #	#, elc	Suite Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zıp	Country		8. This corporation has liab lity for it	ntangibje tax under s. 199 032
4	25	29	30		Florida Statutes	Yes No
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent			10. Name and Address of New Reg	gistered Agent
KII	KER. HOWARD L		8	1 Name		
9200 S DADELAND BLYD			8	82 Street Address (P.O. Box Number is Not Acceptable)		
	ITE 508		8	3		
ML	AMI FL 33156			4 City		85 Zip Code
			-	1 ' '		FL
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change wa	s authorized b	y the corporat	poration submits this statement for the po- tion's board of directors. I hereby accept	irpose of changing its registered. The appointment as registered
SIGNATURE	Segman the ityposition printe durings of regionered	Logent and the Lapplicable (	¥Oti - ft.getered A	gersgealor requ	ared where restatingly	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DEFELE	1 1 1/1/1			Change Ado tion
NAME	KHOURY, FELIX D		1.2 NAM	£		
STREET ADDRESS	7300 SW 84TH PL		13STR	FT ADDRESS		
CITY - ST - ZIP	MIAMI FL 33143		1.4 CITY	-SI-ŽIF		
TITLE	D	DELETE	2 1 TITL	÷		Change Addits
NAME	KHOURY, MONA		2.2 NAV	E.		
STREET ADDRESS	7300 SW 84TH PL		2.3 STRI	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2 4 0 (1	Y-S[-ZIP		
TITLE	O	DELETE	3 1 TITL	F		Change Additio
NAME	KHOURY, VICTOR		3 2 NAN	IE		
STREET ADDRESS	7300 SW 84TH PL		AISEE	EFT ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		34 CII	Y-S1 ZIP		
TITLE		DELETE	4 1 TITL	E	1000	Change Addition
NAME			4 2 NA	Æ		
STREET ADDRESS			43SIR	EFT ADDRESS		
CITY-ST-ZIP			4.4.0(1)	(-SI-ZIP		
TITLE		DELETE	5.1 Tiff			Change Addits
NAME		<u> </u>	5.2 NA	de I		
STREET ADDRESS			5.3.818	EET ADDRESS		
				r - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE				Change Additi
			6 2 NA			
NAME OTREST ADDRESS			1	IFFI ADDRESS		
STREET ADDRESS	1		<b>■</b> C331F			
CITY-ST-ZIP			5 4 0 7	Y - ST - ZiP		

further certify that the information supplied with this illing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutos 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

Mona Khoury (MONA KHOURY)
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-5956933