Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90002 023 ***150.00

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 # P94000031499 1. Corporation Name

WK PROPERTIES, INC.

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Principal Place of Business Mailing Address				\$ 100 tibbi tra 18tit ataki 8.5tit addit 20tit 90tib tibat tibat ataki ataka	(() ((())
3000 HIGH RIDGE RD P O BOX 3405 STE 10-13 BOCA RATON FL 33427 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/25/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied I	⁻or
21 410	NE 5 AUE	26		65-0489878 Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State	TON BEACH, FL	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fee	
Zip 334	Country 25	Zip 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No.	
	9. Name and Address of Current	Registered Agent	641 31	10. Name and Address of New Registered Agent	
KOWALSKY, WARREN 3000 HIGH RIDGE RD				WARREN KOWALSKY Mress (P.O. Box Number is Not Acceptable) O BOCA MARINA CT	
STE 10-13 83					
BOYNTON BEHAC FL 33426			84 City	85 Zip Code	
			B	OCP $RATON$ $FL = 3348$	7
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 Monda. 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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent/and title / pupplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	l 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐	Addition
NAME	KOWALSKY, WARREN		1.2 NAME	ŕ	l
STREET ADDRESS	222 LAKEVIEW AVE SUITE 800	٠,	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	Change -	Addition
TITLE	D	DELETE	2.1 TITLE	☐ Change	Addition
NAME	YONG, PAT		2.2 NAME		-
STREET ADDRESS	3000 HIGH RIDGE RD		2.3 STREET ADDRESS		. [
CITY-ST-ZIP	BOYNTON BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐	Addition
NAME			3.2 NAME	- -	
STREET ADDRESS	<u> </u>		3.3 STREET ADORESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		ł
STREET ADDRESS			4.3 STREET ADDRESS)
CITY-ST-ZIP			4.4 CITY-ST-ZIP		A alalisia o
TITLE		☐ DELETE	5.1 TITLE .	☐ Change ☐	Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS	•	ĺ
CITY-ST-ZIP			5.4 CITY-ST-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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition