## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9
1. Corporation Name
LUKE ENTERPRISES, INC. P94000032153 (6)

Principal Place of Business Mailing Address

**FILED** Mar 11 1998 8:00am Secretary of State

7920 NW 13TH ST. PEMBROKE PINES FL 33024					7920 NW 13TH ST. PEMBROKE PINES FL 33024									DO N	OT WR	ITE IN T	HIS SPA	CE	
											3.		ncorpora 25/1994		Qualifie	d			.,
2. Principal Place of Business 21					2a. Mailing Address 26					4. FEI Number 65-0486900						Applied For Not Applicable			
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5.	. Certifi	cate of S	tatus D	esired				Additional equired	
23	City & State 23				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees								
24	Zip Country				7(p) Counti					8. This corporation owes or has pald the current year Personal Property Tax due June 30.								tangible No	
		9, Name	and Address c	f Current R	egistered	Agent .					10.	. Name	and Ad	dress c	f New	Registe	red Age	nt	
		e, barry						81	Na	ame									
7920 NW 13TH ST. PEMBROKE PINES FL 33024								82	St	reet Add	dress (P.O. Box Number is Not Acceptable)								
								83											
								84										1.	Code
11	Pursuant to office or reg agent. I am	the provisi gistered ag familiar wi	ons of Sections ent, or both, in th, and accept t	607.0502 ar tie State of F he obligation	nd 607.15 torida S ns of, Sec	608, Florida Statu uch change was ction 607.0505, F	ites, the al authorize Iorida Stat	bove d by utes	the	med corpora	porationtion's	on subr board c	nits this s of director	tatemer rs. I her	nt for the eby ac	e purpo cept the	se of ch appoint	anging ment as	its registered registered
SIC	SNATURE _					· · <del>- · ·</del>													<u> </u>
12		lgnature, typed	or profited name of is	estered agent an EHS AND D			TE Angistere:	d Aper	int sig	mature requi			ons/CH	ANGES	TO OF	DA EICERS		RECTO	RS IN 12
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CIT	V-ST-ZIP	-12-1				- · ·	6.4 CI	TY-SI	T - ZIP	<u> </u>									

dicated on this armual 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 effect or director of the corporation or the receiver or trustee entipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 If chapted, or on an attagnment with an address.

954-964-0953