FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043750 (6)**

1. Corporation Name
B.S.K. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1500 S. OCEAN DRIVE. 14 I HOLLYWOOD FL 33019	1500 S. OCEAN DRIVE. 14 I HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 KINGS BAY	26 B.S.K. ENTERPISES, INC.
Suite, Apt. #, etc. 22 73RD & 44TH STS.	Suite, Apt. #, etc. 27 P O BOX 4331
City & State 23 OKEECHOBEE, FL	City & State 28 HALF MOON, N.Y.
Zip / Country 24 34974 / 25 OKEECHOBEE	Zip / Country 29 12065-0852 / 30 SARATOGA

4. FEI Number: 65-0538638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JENNINGS, LESTER W ESQ.
110 N. E. 3RD AVENUE
OKEECHOBEE FL 34973

10. Name and Address of New Registered Agent

81 Name: DENNIS A. TURNER SR.
82 Street Address (P.O. Box Number is Not Acceptable): 3 8TH ST
83:
84 City: OKEECHOBEE FL 85 Zip Code: 34974

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: Dennis A. Turner Sr. 7-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KOMARNYCKY, BOHDAN	1.2 NAME	KOMARNYCKY, BOHDAN	
STREET ADDRESS	1500 S. OCEAN DRIVE, 14 I	1.3 STREET ADDRESS	PO BOX 4331, ROUTE 146 NO.163	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	HALF MOON N.Y. 12065-0852	
TITLE	D	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	KOMARNYCKY, SOFIA	2.2 NAME	KOMARNYCKY, SOFIA	
STREET ADDRESS	1500 S. OCEAN DRIVE, 14 I	2.3 STREET ADDRESS	PO BOX 4331, ROUTE 146 NO.163	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	HALF MOON, N.Y. 12065-0852	
TITLE	D	3.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	JAROSH, MARIE	3.2 NAME	JAROSH, MARIE	
STREET ADDRESS	POST OFFICE BOX 4331	3.3 STREET ADDRESS	PO BOX 4 THUNDERBIRD TERRACE	
CITY-ST-ZIP	CLIFTON PARK N/A NJ 12065-0852	3.4 CITY-ST-ZIP	DIAMOND PT. N.Y. 12824	
TITLE		4.1 TITLE	SECRETARY	☒ Change ☒ Addition
NAME		4.2 NAME	TURNER, DENNIS A. SR.	
STREET ADDRESS		4.3 STREET ADDRESS	3 8TH ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: BOHDAN KOMARNYCKY Bohdan Komarnycky 4/2 7/94 518 664-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0096144 CP