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PROFIT CORPORATION ANNUAL REPORT

1996

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

4-16-96 B-3709 - C

DOCUMENT # **P94000043750 (6)**

1. Corporation Name

B.S.K. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
KINGS BAY 43RD AND 44TH STREET OKEECHOBEE FL 34974 US	B.S.K. ENTERPRISES, INC. P.O. BOX 4331 HALF MOON N. 12065-0852 US

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc: 5282 S.E. 43rd St.
22 City & State: Kings Bay
23 Zip / Country: Okeechobee, FL
24 Zip: 34974 — 25 Country: Okeechobee

2a. Mailing Address
26 Suite, Apt. #, etc.: 5282 S.E. 43rd St.
27 City & State: Kings Bay
28 Zip / Country: Okeechobee, FL
29 Zip: 34974 — 30 Country: Okeechobee

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

TURNER, DENNIS A. SR.
3 8TH STREET
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Komarnycky, Sofia
82 Street Address (P.O. Box Number is Not Acceptable): 4282 S.E. 43rd St.
83: Kings Bay
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: Sofia Komarnycky TS — 4/2/96
Signature, typed or printed name of registered agent, and title if agent is a corporation. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KOMARNYCKY, BOHDAN P.O. BXO 4331, ROUTE 146 NO. 163 HALF MOON N.	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Komarnycky, Bohdan P.O. Box 4331, 163 Rt. 146 Halfmoon, NY 12065-0852	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOMARNYCKY, SOFIA P.O. BOX 4331, ROUTE 146 NO. 163 HALF MOON NY	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TS KOMARNYCKY, SOFIA 5282 S.E. 43rd St. - Kings Bay Okeechobee, FL 34974	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAROSH, MARIE P.O. BOX 4 THUNDER BIRD TERAACO DIAMOND PT. N.	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP Komarnycky, Marie P.O. Box 4 Thunderbird Ter. Diamond Point, NY 12065	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TURNER, DENNIS A. SR. 3 8TH STREET OKEECHOBEE FL	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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 — PRES. — 4/3/96 — 518 664-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BOHDAN KOMARNYCKY