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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000043750

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



Principal Place of Business
 5282 S.E. 43RD STREET
 KINGS BAY
 OKEECHOBEE FL 34974
 US

Mailing Address
 5282 S.E. 43RD STREET
 KINGS BAY
 OKEECHOBEE FL 34974
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/08/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0538638	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		Applied For	
Zip		Zip		Not Applicable	
24		29		Country	
25		30		Country	
26		31		Country	
27		32		Country	
28		33		Country	
29		34		Country	
30		35		Country	
31		36		Country	
32		37		Country	
33		38		Country	
34		39		Country	
35		40		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOMARNYCKY, SOFIA 5282 S.E. 43RD STREET KINGS BAY OKEECHOBEE FL 34974				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMARNYCKY, BOHDAN	1.2 NAME	
STREET ADDRESS	P.O. BOX 4331, ROUTE 146, NO.163	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALF MOON NY	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMARNYCKY, SOFIA	2.2 NAME	
STREET ADDRESS	5282 S.E. 43RD ST., KINGS BAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMARNYCKY, MARIE	3.2 NAME	
STREET ADDRESS	P.O. BOX 4, THUNDERBIRD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DIAMOND POINT NY	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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.

SIGNATURE: Sofia Komarnycky (Sofia Komarnycky) 4/6/99 941-476-1323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)