

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044429 (6)

1. Corporation Name

BPK ENTERPRISES, INC.

Principal Place of Business

1525 CHELSEA PL
ORANGE PARK FL 32073

Mailing Address

1525 CHELSEA PL
ORANGE PARK FL 32073

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Quainted 3a. Date of Last Report
06/09/1994

4. FEI Number 3b. Applied For
59-3265291 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

7. The corporation agrees to abide by provisions of the Florida Statutes. Yes No

Honda Statutes

9. Name and Address of Current Registered Agent

KOPHAMER, MAURICE S
1525 CHELSEA PL
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 601.0502 and 607.1608, 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

(Signature typed, handwritten, or printed clearly in ink or type)

(Signature typed, handwritten, or printed clearly in ink or type)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D KOPHAMER, BRENDA P 1525 CHELSEA PL ORANGE PARK FL 32073	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
OFFICER	D KOPHAMER, MAURICE S 1525 CHELSEA PL ORANGE PARK FL 32073	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
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OFFICER		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 311.07(8) of 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 and make under oath that I am an officer or director of this corporation or the receiver of funds empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A, if changed, or on an attachment with appendices.

SIGNATURE:

Maurice S. Kophamer

DIGITIZED AND TYPED ON PRINTED HAND OR PRINTING OFFICER OR DIRECTOR

MAURICE S. KOPHAMER

SECRETARY

1/7/95

904-278-1196

Florida Dept. of State

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