

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000048328 (6)

1. Corporation Name

WILKURT, INC.



Principal Place of Business

7947 YORKSHIRE COURT  
BOCA RATON FL 33496

Mailing Address

7947 YORKSHIRE COURT  
BOCA RATON FL 33496

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
06/28/1994

3a. Date of Last Report  
05/15/1995

4. FEI Number  
65-050-1347  
APPLIED FOR

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

BAKER, ROBERT M  
8181 W BROWARD BLVD.  
SUITE 300  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(If 11b, Registered Agent signature required, when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	RUDNICK, L. WILLIAM	
STREET ADDRESS	7947 YORKSHIRE COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	DELETE
NAME	RUDNICK, SAUNDRA	
STREET ADDRESS	7947 YORKSHIRE COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	DELETE
NAME	KIMMELMAN, KURT M	
STREET ADDRESS	1048 PARK AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	DELETE
NAME	KIMMELMAN, LISA G	
STREET ADDRESS	1048 PARK AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*200.00

2/4.9

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. William Rudnick

3/14/96

954-753-3739

Date

Daytime Phone

CR2E034 (12/95)