

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000087547 (2)

1. Corporation Name

W & K CAPITAL, INC.

Principal Place of Business

**C/O HONEY L. KOBER
777 BRICKELL AVE., SUITE 500
MIAMI FL 33131**

Mailing Address

**C/O HONEY L. KOBER
777 BRICKELL AVE., SUITE 500
MIAMI FL 33131-2803**

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0619263

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBER, HONEY L.
777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131**

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 607.0505, Florida Statutes.

SIGNATURE

Honey L. Kober *Honey L. Kober*

4/29/97

Signature of agent or principal 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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P
KOBER, MARC**
STREET ADDRESS **2300 ALTON ROAD**
CITY- ST- ZIP **MIAMI BEACH FL**

5, V, T
Honey L. Kober
2300 Alton Road
Miami Beach, FL - 33140

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VT
WEITZ, PESACH**
STREET ADDRESS **2333 NORTH BAY ROAD**
CITY- ST- ZIP **MIAMI BEACH FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME **S
KOBER, HONEY L.**
STREET ADDRESS **2300 ALTON ROAD**
CITY- ST- ZIP **MIAMI BEACH FL**

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

Honey L. Kober

4/29/97

805 347-6878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)