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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600009558 (3)

KOOLIK FAMILY HOLDINGS, INC.

4000 ISLAND	re of Business BOULEYARD AI BEACH FL 33160	Mailing Address 4000 ISLAND BOULEVARD NORTH MIAMI BEACH FL 33160-5203				
				3. Date incorporated or Qualified 01/30/1996	3a. Date of Last Report	
2. Principal I	Piace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0643759	Not Applicable	
Suite, Apt	l #, €lc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & Sta	ff()	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 Zip	Country	[28] Zip	Country	This corporation has liability for i	713333 101 005	
24	25	29	30		Yes X No	
	9, Name and Address of C	urrent Registered Agent		10. Name and Address of New Re		
	OOLIK, GARY R		81 Name			
4000 ISLAND BOULEVARD			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
NO	Orth Miami Beach FL 3316	0				
			83			
			84 City		85 Zip Code	
	Lto the provisions of Sections 60	7.0502 and 607.1508. Florida State	ites, the above-pamed co	rporation submits this statement for the p	urnose of changing its registered	
office or agent 1:	registered agent, or both, in the	State of Florida, Such change was objections of Section 607 0505.	authorized by the corpor	rporation submits this statement for the pation's board of directors. I hereby accep	the appointment as registered	
SIGNATURE	the state of white their doctory the	on igalio is or, accitori cor losco, i	Micia Statutes.			
SICHARTORE	Signature dyaed by professionaria. Of register	red agent and to elf applicable INC	TE: Registered Agent signature req	uired when reinstating)	DATE	
12.	The second secon	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D D	[_] DELETE	1.1 TOLE		Change Addition	
NAMI	KOOLIK, MARSHA	n	1.2 NAME			
STM F1 ACORESS	4000 ISLAND BOULEVAR NORTH MIAMI BEACH FL		1.3 STREET ADDRESS			
COLC ST., ZIP	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	the state of the s	Change Addition	
NAME	KOOLIK, GARY R	L OUT II	2.2 NAME		C CHRINGE C MUDICION	
STREE! ACOPTESS	AAAA INI AND BANK PULA	מ	2.3 STREET ADDRESS			
C 1Y+S1 ZIP	NORTH MIAMI BEACH FL		2. 4 CITY - ST - ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		-	
STREET ADDRESS			3 3 STREET ADDRESS			
C TY+S1+ZiP			3.4. CITY-\$1-7IP			
1011		L DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREFT ADDRESS			
C TY+S1+ZIP		☐ DELETE	4.4 CITY-ST-ZIP		The Tare	
THE		נ וינורונ	51 11/LE	•	Change Addition	
NAM. STREET ADDRESS.			5.2 NAME			
			5.3 STREET ADDRESS	•		
Cdy-St-Zir Titte		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAVE		the court	■ V.T III C.	1	La vinaige . La Audition	
	1		6.2 NAME		!	
STREET ADDITION			6.2 NAME 6.3 STREET ADDRESS		1	

6.4 CITY - ST - ZIP 14. If 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 am plemental 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 truggle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Fam an officer or director of the corpo appears in Block 12 or Block 13 d ob

FILED

Mar 04 1997 8:00am

Secretary of State

A REGISTRO DE PARA ARRES A