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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9600009558 (3)

KOOLIK FAMILY HOLDINGS, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address					(1881)28) til (Auf Sun Abri) genn genn genn genn genn genn genn gen					
4000 ISLAND BOULEVARD				4000 ISLAND BOULEVARD										
NORTH MIAMI BEACH FL 33160			NORTH MIAMI BEACH FL 33160						DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified	L 11() , 110 O.	- TOL		1	
									01/30/1996					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Appl	ied For	
21		26						65-0643759				Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								\$8.7		ditional		
22		27						5. Certificate of Status Desired			Requ			
City & State				City & State					6. Election Campaign Financing		\$5.0	00 M	av Be	
23			28						Trust Fund Contribution			ed to		
Zip				Zip Cou			untry		8. This corporation owes or has p	aid the curre	nt year	Integ	gible	
24	2	5	29		30				Personal Property Tax due June	e 30. 🗀	Yes	Z	No	
	9. Name a	Registe	Registered Agent			,		10. Name and Address of New R	egistered A	gent				
KC	OLIK, GARY	R				81	1	Name						
40			82 Street Add			ss (P.O. Box Number is Not Accepta	blei							
	ORTH MIAMI I					<u> </u>	011 001 7 1001 0		,					
						83	Γ		-					
						84	۲,	City			85 2	Zip Co	<u></u>	
						104	١`	City		FL	65 4	-ip OC	ue	
11. Pursuant	to the provision	ns of Sections 607 0502	and 607	1.1508, Florida Stat	utes, the	abov	e-r	named corpo	ration submits this statement for the	purpose of	hangir	ıg its ı	egistered	
office or r	registered ager am familiar with	nt, or both, in the State c , and accept the obligat	of Florida tions of .:	i. Such change was Section 607.0505, I	s authoriz Florida Si	ed by atute:	y tr S.	ne corporatio	on's board of directors. I hereby acce	pt the appo	ınımeni	as re	gisterea	
_		, ,												
SIGNATURE Signature: typod or printed name of registered agent and title if applicable (NOTE: Registered								signature required		DATE				
12.		OFFICERS AND	DIRECT		13			· ·	ADDITIONS/CHANGES TO OFFI	CERS AND				
TITLE	D			☐ DELETE	1.1	TIFLE				ι	Chan	ge	Addition	
NAME	KOOLIK,				1.2	NAME								
STREET ADDRESS 4000 ISLAND BOULEVARD				■ 1 **			1.3 STREET ADDRESS							
CITY-ST-ZIP	NORTH M	IIAMI BEACH FL 331	60		1.4	CITY-S	31-2	ZIP						
TITLE	D			☐ DELETE	21	TITLE				l	Chan	ge	Addition	
NAME	KOOLIK,				2.2	NAME		ŀ	` . ;	45.				
STREET ADDRESS	4000 ISL/					AD.	DDRESS							
CITY - ST - ZIP	NORTH W	IIAMI BEACH FL 3310	60	·····		CITY-	ST-	ZIP			12:		7	
TITLE	1			☐ DELETE	3.1	TITLE				1	Chan	Ģe	Addition	
NAME						NAME								
STREET ADDRESS					3.3	STAEET	' AD	DRESS						
CITY-ST-ZIP		····		D DELETE		CITY-	ST-	ZIP			Labor		4.4497	
TITLE				☐ DELETE		TATLE		ĺ		ı	Chan	āe.	Addition	
NAME				•	4.1	NAME								
STREET ADDRESS						STAEET								
CITY-ST-ZIP	 			D bei eye		CITY-S	ST - 7	ZIP			7 06		T A delition	
TITLE				☐ DELETE	1	TITLE				. 1	Chan	មួច	Addition	
NAME						NAME								
STREET ADDRESS						STREET		,						
CITY-ST-ZIP				□ pore ž ė	_	DITY-8	31-7	ZIP			T 06		Addito-	
TITLE				☐ DELETE		TITLE				ŧ	Chan	ពួម	Addition	
NAME						NAME								
STREET ADDRESS						STAEET	-							
CITY-ST-ZIP		information circulture 19	n this dir.	on door set such		CITY-S			Section 119 07/3Vi). Florida Statutes	L hudbar ac-	if, the	the !-	formation	

Thereby certify that the information supplied with this little does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report of applemental 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 / 2 / /

an Koolin

3/2/198 11-882-596