## 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

DOCUMENT #

P96000019036 (8)

SUBKO ENTERPRISES INC.

cipal Place of Business	Mailing Address
2331 NE 49TH &T LIGHTHOUSE POINT FL 33064	2331 NE 49TH ST LIGHTHOUSE POINT FL 33064
. Principal Place of Business	2a. Mailing Address
Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.

Date Incorporated or Qualified
 02/28/1996

**FILED** 

May 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable 65:0646909 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes □ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUBKO, JOHN JR 2331 NE 49TH ST 82 Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_ DELETE TITLE 1.1 TITLE Change Addition SUBKO, JOHN JR NAME 1.2 NAME STREET ADDRESS 2331 NE 49TH ST 1.3 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change \_\_\_ Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

14. I 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or to attachment with an address.

CIONATURE.

d.30. 98 (950/201 0011