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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000087502 (6)

B.E.K. PRODUCTIONS, INC.

Principal Place of Business

7800 WEST OAKLAND PARK BLVD., STE. 210 BUNRISE FL 33351

Mailing Address

7800 WEST OAKLAND PARK BLVD., STE. 210 SUNRISE FL 33351-1125

## FILED Apr 25 1997 8:00am Secretary of State



55	•••	•						
					3. Date Incorporated or Qualified 10/23/1996	<b>3a.</b> Da	te of Last F	Report
21 1868	lace of Business  N. UNIVERSITY D 26 1868 N.U.	MIVER	aly	DY	4. FELNumber 010998	7_	N	pplied For ot Applicable
Suite, Apt.	#, etc. Suite, Apt. #, glc. 27 Suite.	203	J		5. Certificate of Status Desired			Additional equired
City & State	otation, 71 28 PLANTAT	ion (	71		Election Campaign Financing     Trust Fund Contribution		•	May Be to Fees
Zip 333	021 County 158 29 33372	30 Cour	ilry JSF	}	8. This corporation has liability for in		tax under s ≸No	s. <b>19</b> 9.032,
	9. Name and Address of Current Registered Agent				10. Name and Address of New Re	gistered /	Agent	
BEN	IENFELD, BRUCE J		81 Nan	ne		<i></i>		
780	0 West Oakland Park Blvd., Ste. 210 Hrise Fl 33351	1	82 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	ole)		
OUI:	MISE IL 55501	1	83					
- 		1	84 City				<b>85</b> Zip	Code
						FL		
agent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida State egistered agont, or both, in the State of Florida. Such change warm familiar with, and accept the obligations of, Section 607.0505,	tutes, the ab- is authorized Florida Statu	ove-nam by the c ites.	ed corpo orporatio	ration submits this statement for the p in's board of directors. I hereby accep	surpose of of the appo	changing i pintment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (N	IO1E Registered	Agent signa	ture required	f when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	DELETE	1,1 181	E				Change	Addition
NAME	KAPP, BRUCE E	1.2 NAM	ME					
STREET ADDRESS	7800 WEST OAKLAND PARK BLVD., STE. 210	1.3 \$16	KEET ADDRES	SS				
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CH	Y - ST - 21P					
TITLE	☐ DELETE	2.1 TITL	L <b>E</b>				Change	Addition
NAME		2.2 NAM	ME					
STREET ADDRESS		2.3 \$TR	REFT ADDRES	SS				
CITY-ST-ZIP		2. 4 CI1	Y-S1-ZIP					
TITLE	☐ DELETE	3.1 TITL	I F				Change	Addition
NAME		3.2 NAN	ME					
STREET ADDRESS		3.3 STR	REET ADDRES	SS				
CITY-ST-ZIP		3.4. CI1	Y-\$1-2IP					
TITLE	DELETE	4.1 1111	LE				Change	Addition
NAME		4. 2 NA	ME .					
STREET ADDRESS		4.3 STR	REET ADDRES	SS			:	
CITY-ST-ZIP			Y - S1 - ZIF		· · · · · · · · · · · · · · · · · · ·			
TITLE	[_] DELETE	5.1 TITL			•		Change	Addition
NAME		5.2 NAM	ME		*1			
STREET ADDRESS		5.3 STR	KEET ADDRES	SS				
CITY-ST-ZIP			Y - ST - ZIP					
TITLE	☐ DELETE	6.1 1111					L Change	Addition
NAME		6.2 NAM	ME		i			
STREET ADDRESS		6.3 STR	REET ADDRES	SS				
City-St-ZiP		6.4 0013	Y - S1 - 7(P					

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.

- house E fare

4-21-9