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

FILED Jul 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998 DOCUMENT #** P97000056351 (4) BK STRICK, INC. Principal Place of Business Mailing Address 1840 KANSAS ROAD 1840 KANSAS ROAD PALM BAY FL 82909 PALM BAY FL 32909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRICK, WILLIAM M 1840 KANSAS ROAD Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32909 83 84 City Zip Code 11. Pursuant to the provisions of Socilons 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 (NOTE: flog sterod Agent signature required when reinstating) Signature, typed or pristed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President DELETE TITLE 1.1 TITLE resident 1.2 NAME NAME Karrie Strick William, Strick STREET ADDRESS 1.3 STREET ADDRESS 18 1 32909 Al 32909 1.4 CITY - ST - 7IP CITY-S1-ZIP Addition TITLE 21 DILE r. Pausident 2.2 NAME NAME arrie Otrick ten O Kansas and SE 2.3 STREET ADDRESS STREET ADDRESS ecretary Treesourer 2. 4 CITY - ST - ZIP CITY-ST-2IP Addition TITLE 3.1 THILE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - S1 - ZIP TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREFT ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

dili. 24 1998 407-713-3131

6.4 CITY - ST - ZIP 14. Thereby 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 cath, that I am an officer or director of the corporation or the receiver or trustate 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 allachment with an address.

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STREET ADDRESS CITY-ST-ZIP

CICNATURE.