


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90198 048 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000056351**

1. Corporation Name  
**BK STRICK, INC.**



Principal Place of Business <b>1840 KANSAS ROAD PALM BAY FL 32909</b>	Mailing Address <b>1840 KANSAS ROAD PALM BAY FL 32909</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1997**

4. FEI Number  
**59-3454323**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 **1223 Pinetree Dr**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1223 Pinetree Dr**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Indian Harbour Beach FL**  
Zip Country  
**32937 USA**

28 **Indian Harbour Beach FL**  
Zip Country  
**32937 USA**

9. Name and Address of Current Registered Agent

**STRICK, WILLIAM M  
1840 KANSAS ROAD  
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VPP</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICK, WILLIAM</b>	
STREET ADDRESS	<b>1840 KANSAS RD SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	

TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>STRICK, KARRIE</b>	
STREET ADDRESS	<b>1840 KANSAS RD SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Strick, William</b>	
1.3 STREET ADDRESS	<b>1840 Kansas Rd SE</b>	
1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	

2.1 TITLE	<b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Strick, Karrie</b>	
2.3 STREET ADDRESS	<b>1840 Kansas Rd SE</b>	
2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32909</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99 (407) 773-3131**  
Daytime Phone #

CR2E034 (11/98)