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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000056753 DOCUMENT

1. Corporation Name

BICKEORD ENTERPRISES INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90075 020 ***150.00

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Principal Place	e of Business	Mailing Address				*** 48:4: 8:1:15 8:11:	61 611 61 1111 1001	
203 SAND DOLLAR ROAD 203 SAND DOLLAR ROAD				i				
INDIALANTIC FL 32903 INDIALANTIC FL 32903					DO NOT WRITE I	I THIS SDACE		
					3. Date Incorporated or Qualifed	THIS SPACE		
					"		{	
		2a. Mailing Address			06/27/1997 4. FEI Number	114	Applied For	
·	ace of Business	<u> </u>			59-3454540		Not Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75	Additional	
	#, etc.	27			5. Certifcate of Status Desired		Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.0	0-May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun	ry	8. This corporation owes the current	year Intangible		
24	25	29	10		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regi			
			1	Name 2	BERT E. BICKFOR	2 0		
1	RILAWYER CHARTERED		1	zi Street Add	ress (P.O. Box Number is Not Acceptable			
	ALMERIA AVENUE		L	203	SAND DOLLAR R	<u> </u>		
COR	AL GABLES FL 33134		8	13				
}				34 City		85 Zij	Code	
ŀ]	['iN]	DIALANTIC	FL 3]	2903	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ove-named corp	poration submits this statement for the purion's board of directors. I hereby accept the	oose of changing i e appointment as	ts registered registered	
oπice or re agent. Lai	egistered agent or both in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statut	es.	ion's board of directors. Thereby descript an	7		
	TV /- (1)	/ / > > ~ ~ ~ ~	2	241 (10	1/20 1/20	105		
I SIGNATURE	カカン・・アン・レール・ベッシー	LOSERIE	· 5	expor	J 1	74 [
SIGNATURE	Algnature, typed or printed name of registrated agen	<u></u>		gent signature require	ed when reinstating)	DATE -	CODS IN 12	600
12.	OFFICERS AN	D DIRECTORS	13.			ERS AND DIRECT		14/00/
12.	OFF ERS AN	<u></u>	13. 1.1 TITL	E .	ed when reinstating)	DATE -		/44/00)
12. TITLE NAME	OFFICERS AND PTD BICKFORD, CARRIE M	D DIRECTORS	13. 1.1 TITL 1 2 NAM	E E	ed when reinstating)	ERS AND DIRECT		(00/14/00)
12. TITLE NAME STREET ADDRESS	OFFICERS ANI PTD BICKFORD, CARRIE M 203 SAND DOLLAR ROAD	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E E EET ADORESS	ed when reinstating)	ERS AND DIRECT		744,000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI PTD BICKFORD, CARRIE M 203 SAND DOLLAR ROAD INDIALANTIC FL 32903 VSD	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E EET AOORESS -ST-ZIP	ed when reinstating)	ERS AND DIRECT	e Addition	(00/44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI PTD BICKFORD, CARRIE M 203 SAND DOLLAR ROAD INDIALANTIC FL 32903 VSD BICKFORD, ROBERT E	D DIRECTORS	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	E E EET ADORESS -ST-ZIP E	ed when reinstating)	ERS AND DIRECT	e Addition	(00/44/00)
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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 oath; that I am an officer or director of the corporation of the

SIGNATURE