

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90087 019 ***150.00

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1. Corporation Name

KOECKRITZ ENTERPRISES, INC.

Principal Place of Business

1900 CORPORATE BLVD., N.W., STE. 201-E
BOCA RATON FL 33431

Mailing Address

1900 CORPORATE BLVD., N.W., STE. 201-E
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0779197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 1704B PARK CENTRAL BLVD N.

Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH, FL

Zip

24 33064

Country

25

2a. Mailing Address

26 1704B PARK CENTRAL BLVD N

Suite, Apt. #, etc.

27

City & State

28 POMPANO BEACH, FL

Zip

29 33064

Country

30

9. Name and Address of Current Registered Agent

BREDE, J. DANIEL

1900 CORPORATE BLVD., N.W., STE. 201-E
BOCA RATON FL 33431

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 C ☐ DELETE

NAME KOECKRITZ, GEORGE

STREET ADDRESS 6234 NW 102 WAY

CITY-ST-ZIP PARKLAND FL 33067

TITLE P ☐ DELETE

NAME GUTTVEG, GARY B

STREET ADDRESS 9378 AEGEAN DR.

CITY-ST-ZIP BOCA RATON FL 33496

TITLE S ☒ DELETE

NAME REINA, GARY M

STREET ADDRESS 22707 SW 64 WAY

CITY-ST-ZIP BOCA RATON FL 33428

TITLE T ☐ DELETE

NAME BERKOWITZ, ERIC H

STREET ADDRESS 5738 NW 50TH DR

CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D ☒ DELETE

NAME GALLAGHER, JAMES

STREET ADDRESS 2553 NW 63 RD TERR

CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

19513 ESTUARY DRIVE
BOCA RATON, FL 33498

SECRETARY

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 supplement to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)