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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092269 (4)

	BEKTAS	8 & CO. INC.			
Principal Place of Business			Mailing Address		F (68) (00) ill (01) (03) (03) 00) (00) 100 (00) 100 (00) 100 (00)
7208 CHADSFORD CT. TAMPA FL 33815			7208 CHADSFORD CT. TAMPA FL 33615		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1997
	Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21			26		59-3504272 Not Applicable
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Serviced Fee Required
23	City & State		City & State		6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	Zip	Country 25		Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				B3 S4 City	TURKSAYAS BEKTAS Address (P.O. Box Number is Not Acceptable) 5 6, FLETCHER AVE 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
11. Pursuant to the provisione 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 corporation submits this statement for the purpose of changing its registered agent. I am familiar with any accept the obligation: a section of 505, Florida Statutes. SIGNATURE Signature, typed or prands have of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12	≥.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
m	TLE	D	DELETE	1.1 TITLE	Change Addition
M	ME	BEKTAS, GLORIA I		1.2 NAME	
ST	REET ADDRESS	7208 CHADSFORD CT.		1.3 STREET ADDRESS	
	TY-ST-ZIP	TAMPA FL 33815	Lactor	1.4 CITY - ST - ZIP	Change Addition
m	LE		☐ DELETE	2.1 TITLE	Change Addition

2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP ___ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE 5.1 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition DELETE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

FILED

May 08 1998 8:00am

Secretary of State