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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

P97000105687 (2) DOCUMENT #

OZOK, INC.

**FILED** Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-   (##1)*##C { #  W\      #  #  #  #  #  #  #  #  #  #  #  #	ini atilin alini ini	H 188) 1881
5332 N.W. 77TH TERRACE		5332 N.W. 77TH TERRACE						
CORAL SPRINGS FL 33067		CORAL SPRINGS FL 33067						
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 12/16/1997		
S Principal Di	ogo of Buginper	2a. Mailing Address				4. FEI Number	- I Ar	oplied For
2. Principal Place of Business		26				65-0807402	— <del>— —</del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	
City & State		City & State				8. Election Campaign Financing	\$5.00	May Be
23		[28]			Trust Fund Contribution Added to Fees			
Zip Country		Zφ	Zip Country			This corporation owes or has paid the current year Intangible		
24			30	0		Personal Property Tax due June 30.		J No
	9. Name and Address of Current I	Registered Agent		61		10. Name and Address of New Registered	Agent	
Mustafa Ozkan, Seracettin					Name			1
5332 N.W. 77TH TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33067			1	00				
				83				
				64	City	F1	<b>65</b> Zip (	Code
		· · · · · · · · · · · · · · · · · · ·				Fl	<u> </u>	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
BIGNATURE	Signature, typed or pented make of registered agests			d Agent	signature required	d when reinstating) DATE		1
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	Addition
THILE	D MUSTAEA OZVANI CEDACETTI	L] DELETE	1.1 71				L.J Change	LI AUGILION
NAME	MUSTAFA OZKAN, SERACETTI 5332 N.W. 77TH TERRACE	ıx	1.2 N					1:
CODAL EDDINGE EL 22067			1.3 STREET ADDRESS					]
CITY-ST-ZIP	D CONAL SPRINGS PE 33007	DELETE		1.4 CITY-ST-ZIP			Change	Addition
TITLE NAME			2.2 N/			;		
STREET ADDRESS	5332 N.W. 77TH TERRACE			FREET AL	UNDESC			1
CITY-S1-ZIP	CORAL SPRINGS FL 33067		2. 4 CITY - ST - ZIP					
TITLE	DELET		3.110				Change	Addition
NAME		<del></del>	3.2 N/				-	
STREET ADORESS				IREET AC	DDRESS			
CITY-ST-ZIP				1TY-5T-				
TITLE		DELETE	4.1 1)	•			Change	Addition
NAME			4. 2 N	IAME				
STREET ADDRESS			4.3 \$1	TREET AC	DRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP			
TITLE		☐ DELETE	5.1 YI	TLE			Change	☐ Addition
NAME .			5.2 N/	AME				
STREET ADDRESS			5.9 \$1	TREET AC	DDRESS			
CITY-ST-ZIP			5.4 CI	TY-\$1	ZIP			
TITLE		DELETE	6.1 Ti	TLE			☐ Change	Addition
NAME			62 N	AME				
STREET ADDRESS			6.3 \$1	TAEET AC	DDRESS			
CITY-ST-ZIP			6.4 Cf	TY-ST-	ZIP			

Opplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental annual reject is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver or dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in appartment with an address