Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90086 026 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000032207 1. Corporation Name

F S K ENTERPRISES INC

	•					
Principal Place	e of Business	Mailing Address		( )	tiğit Ağıtı tanı tanı	
3417 CLARK RO	CAD .	3417 CLARK ROAD				
APT. #218		APT. #218				
SARASOTA FL 34231 SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
,*** <sub>1</sub> *	and the earlier			04/06/1998		
	lace of Business	2a. Mailing Address		4. FEI Number 2011/2191	Applied For	
26			15-0840191	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		# Continue of Status Desired	75 Additional	
		27		Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23		28	<b>yCountry</b> — ⇒			
ా~Zip-	Country # = F	⊢ <b>~</b> ⊢	¬,	Personal Property Tax.		
24	25	177	<u>'l</u>	10. Name-and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age						
GAWRON, MARY				an trewas	-	
I 92 Stroot Addre				dress (P.O. Box Number is Not Acceptable)		
19321 C US HWY 19 N.						
SUITE 601				83 5777 Bereya Ad		
CLEARWATER FL 33764				85 Zip Code 2		
				(CS CLB FL 7423)		
.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						
11. Rursuant 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 of office or registered agent, of both, in the State of Florida. Such change was anthorized by the corporation's board of directors. I hereby accept the appointment as registered agent: I'am familiar with, and accept the biggations of Section 607.0508, Florida Statutes.						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Signature: typed or punied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE .	P	☐ DELETE	1.1 TITLE	Pres/Soc/Tues/ De Detre	inge 🗌 Addition   🗟	
NAME	POPESKOU, EFIMIA		1.2 NAME		7	
STREET ADDRESS	3417 CLARK ROAD APT. #218		1.3 STREET ADDRESS	4.0	) î	
CITY-ST-ZIP	SARASOTA FL 34231		1.4 C/TY-ST-Z/P	Sur		
TITLE		☐ DELETE	2.1 TITLE	Cha	inge 🗒 Addition C	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	, -		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		inge Addition	
TITLE		☐ DELETE	3.1 TITLE		inge   Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•	[	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	[F] Cha	nge - · □ Addition -	
TITLE		۰۰ UELETE: <u>اشا</u> هجرجمه با با المح	4.1-TITLE	v - ••••••••••••••••••••••••••••••		
NAME			4. 2 NAME	The second of the second	ļ	
STREET ADDRESS			4.3 STREET ADDRESS	-,		
CITY-ST-ZIP		Closics	4.4 CITY-ST-ZIP	Cha	ange Addition	
TITLE .		☐ DELETE	5.1 TITLE 5.2 NAME	Clie	ingo Li Addition	
₹ a.a	1		= a7 NAME	•	Y	

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 or Block 14 or Block 1

6.1 TITLE

6.2 NAME

DELETE

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 City-St-ZIP

Change

Addition