## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000043280

1. Corporation Name RIZK ENTERPRISES INC. Mailing Address Principal Place of Business 27 COLONIAL CLUB DR #201 27 COLONIAL CLUB OR #201 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/11/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business G5-084132 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 27 22 Election Campaign Financing City & State \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 Country Ζ'n g. This corporation owes the current year Intangible Country ☐ Yes ПNо Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RIZK, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 82 27 COLONIAL CLUB DR #201 **BOYNTON BEACH FL 33435** 83 B4 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Joseph G. PIZK, President 27 Colonial Club Or # 101 & CEO 1.1 TITLE me CR2E034 12 NAME MALLE Boyntan Bch FL 33435 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition 2.1 TITLE MLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change OELETE 3.1 MILE TITLE 3.3 STREET ADDRESS SYRFEY ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE TITLE 52 NAME **SASTREET ADDRESS** STREET ADDRES SACITY-ST-ZIP CITY-ST-ZIP Addition Change 6.1 TITLE DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CfTY-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 cath; 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 address, with all other like empowered.

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90137 025 \*\*\*158.75

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