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**

DOCUMENT # P98000075214

1. Corporation Name

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90049 048 ***150.00

BK PROPERTIES, INC.											
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Principal Place	of Business	Mailing Address				3 I I	MENTAN INC.	EI (3 111 00 3)1 00	ELL 80 111 21 411 1		1 (1911 9/8) 1881
2112 N. 15TH STREET. SUITE 300 2112 N. 15TH STREET. SUITE 300											
TAMPA FL 33605 TAMPA FL 33605											
								NOT WRI	TE IN THIS	SPACE	
							corporated	or Qualifed			
							/19 <u>98</u>			1.12	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Nu	mber	C -			Splied For
21 26						αρρ	liea	_7OY	-		ot Applicable
Suite, Apt. #, etc.			-			5 Certifica	- ate of Status	Desired			Additional equired
22 27											
City & State	е	City & State	City & State				n Campaign				May Be to Fees
23		28					und Contrib	•			to rees
Zip				y				wes the curr	ent year int	angibie Yes	□No
24	25 29 30						al Property	ss of New F	Panietered		
	9. Name and Address of Current	t Registered Agent	81	Name		TU. Name	and Addres	33 01 110 11	.cgiotorou	rigoni	
HAD	LOW, RICHARD B		Ľ			_					
220 SOUTH FRANKLIN STREET					Addres	is (P.O. Box	Number is	Not Accepta	ible)		
TAMPA FL 33602				1					• •		
"""	77.72 00002		83	1							
			84	City						85 Zip	Code
	007.050	0 1007 1500 EL TI District				atian aubasit	o thic states	mont for the	numose of	changing its	registered
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 of statuto Seed by the corporation's board of directors. I hereby accept the appointment as registered											agistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statute	S							ļ
SIGNATURE									DATE		\
	Signature, typed or printed name of registered agen	D DIRECTORS		ent signature	requirea v	when reinstating)	DNS/CHAN	GES TO OF		ND DIRECT	ORS IN 12
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	•	1000	cident	_		-	☐ Change	Addition
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14. I hereby certify that the information sopplied with this filling 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 trusted 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 a address, with all other like empowered.

SIGNATURE: