

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:52

DOCUMENT # S11396

(6)

1. Corporation Name:

BILKO ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
1320 N.W. 15TH AVENUE
D
POMPANO BEACH FL 33069
US

Mailing Address:
1320 N.W. 15TH AVENUE
D
POMPANO BEACH FL 33069
US

(DO NOT WRITE IN THIS SPACE)

3. (Date Incorporated or Qualified) 11/07/1990	3a. Date of Last Report 03/10/1994
4. FEI Number 65-0357659	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 25 State Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

KOHLER, WILLIAM
6045 N.W. 27TH STREET
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

(Signature of person who is registered agent or authorized representative)

(Signature of person who is registered agent or authorized representative)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KOHLER, WILLIAM	1.2 NAME	
STREET ADDRESS	6045 N.W. 27TH STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARGATE FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(1)(b), 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 registered agent or authorized representative to execute the report as required by Chapter 489, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition sheet with an address.

SIGNATURE:

William Kohler
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 (305) 975-3801