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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

COORDINATE # \$35887

(6)

BESS-KOLSKI-COMBS, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address				
0038 NORTH EAST 6TH AVE. IIAMI FL 33161-7134			·		
		3. Date Incorporated or Qualified	3a. Date of Last Floport		

						3. Date Incorporated or Qualified 03/06/1991	3a. Date of Last Floport 04/25/1996	-
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied Fo	or or		
21		26		65-0254818	Not Applica	able		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	ıl		
22		27		5. Certificate of Status Desired	Fee Required			
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Z(p		ınlry		This corporation has hability for inta		2.
24	25 9. Name and Address of Current	29	30	1			es No	
		Registered Agent		10. Name and Address of New Registered Agent 81 Name				
	CORPORATION SYSTEM			01	ivarne			
	SOUTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				83				
				03				
Ì				84	City	The second secon	85 Zip Code	
11 Distance	to the provisions of Sections 507.0/ 00	and 607 1600 flacida (tra)	nn 451			corporation submits this statement for the purpose	FL 85 210 Code	
office or	registered agent, or both, in the State of	and 607. 1506, Florida Statut If Florida_Such change was :	es, the at authorizo	d by	the corp	corporation submits this statement for the purporation's board of directors. I hereby accept t	pose of changing its registe he appointment as registere	ad ered
agent. I	am familiar with, and accept the obligat	ions of, Section 607.0505, Fit	orida Stat	tutos	ì.	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title dispersional (AIC)				equired when reinstating)	DATE	
12.	OFFICERS AND		13.	a Age	nic signature r	ADDITIONS/CHANGES TO OFFICER		
TITLE	DAS	DECETE	1.110	1:E		1.05.11.01.07.01.11.10.10.10.10.10.11.10.11	Change Add	ition
NAME HYNDMAN PETER S.			1.2 N/	1.2 NAME			_ , _	
STREET ADDRESS 4126 NORLAND AVE.				1.3 STHEET ADDRESS				
CITY-ST-ZIP	PLIDUARY BO CANADA MEG GOO			1Y-S				
TITLE	C	☐ DELETE	2111		-		Change Add	Jition
NAME	LOEWEN, RAYMOND L.		22 N/	AME				
STREET ADDRESS 4128 NORLAND AVENUE			2.3 STREET ADDRESS		ADDRESS			
CITY+ST-ZIP	BURNABY BC., CANADA V5G 35	S8	2.40	ITY-S	ST - Z VP			
TITLE	PAS	DELETE	3.1 11	1LE			☐ Change ☐ Add	iition
NAME	RUSSELL ROBERT D.		3.2 NA	AME				
STREET ADDRESS	200 NORTH FEDERAL HWY.		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	POMPANO BCH., FL 33062	*······	3.4. C	(TY - S	T - ZIP			
TITLE	ST	★ DELETE	4.1 10	TLF		ST	Change xx Add	ition
NAME	WRIGHT GARY L.	_	4. 2 N	AME		Rollings, Gregory K.		
STREET ADDRESS	800-50 EAST RIVERCENTER BLV	D.	4.3 ST	REET	ADDRESS	681 North Avenue		
CITY-ST-ZIP	COVINGTON KY 41011		4.4 CI	1 Y · S	1 - Z(P	Jonesboro, GA 30236		
TITLE	D	☐ DELETE	5.1 7(1	11 F			Change Add	ilion
NAME	LOEWEN, RAYMOND L.		5 2 NA	AME.				
STREET ADDRESS	4126 NORLAND AVENUE	۸۵	5381	REET	ADDRESS			
CITY-ST-ZIP	BURNABY BC., CANADA V5G 35		5.4 CI		T-7IP			
TITLE		☐ DELETE	6.1 111		1		Change Add	ilion
NAME			6.2 NA	\M£				
STREET ADDRESS		-	6.3 \$1	REE1	ADDRESS			
CITY - ST - ZIP			6.4 CI	1Y-8	1 - ZIP			

4. I do hereby certify that the information supplied with this frling does not publify 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 frue 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 elemptwered 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 product secure the second statutes.

SIGNATURE

SIGNATI

1/22/0

(604) 203-6425