

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90020 007 \*\*\*550.00

DOCUMENT # **V18005**

I. Corporation Name

**KOOLIK GROUP REALTY, INC.**



Principal Place of Business  
**2499 GLADES RD  
STE 103  
BOCA RATON FL 33431  
JS**

Mailing Address  
**2499 GLADES RD  
STE 103  
BOCA RATON FL 33431  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/02/1992</b>	
4. FEI Number <b>65-0329367</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	29

9. Name and Address of Current Registered Agent

**KOOLIK, ELLIOT S  
3269 HARRINGTON DR  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

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

I. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PVS KOOLIK, ELLIOT 2499 GLADES RD #103 BOCA RATON FL 33431	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	TD KOOLIK, ELLIOT 2499 GLADES RD #103 BOCA RATON FL 33431	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**ELLIOT S KOOLIK**

Date

Daytime Phone #

**7/4/99 561-393-9997**

CR2E034 (5/99)

0073640