

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morphis
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:50

DOCUMENT # **V47418** (1)

1. Corporation Name
I B K ENTERPRISES, INC.

Principal Place of Business Mailing Address
**6099 NW 48CT
APT. 304
CORAL SPRINGS FL 33067
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/26/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0326149** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 State, Apt. #, etc. 27 State, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAMINESTER, BRUCE
5710 NW 74TH PL.
APT. #304
COCONUT CREEK FL 33073**

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
6099 N.W. 48TH CT
83
84 City **CORAL SPRINGS** FL 85 Zip Code **33067**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and principal 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 hereby willing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	D
12.2 STREET ADDRESS	KAMINESTER, BRUCE
12.3 CITY	5710 N.W. 74TH PL. #304
12.4 STATE	COCONUT CREEK FL
12.5 ZIP	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY	
12.9 STATE	
12.10 ZIP	
12.11 NAME	
12.12 STREET ADDRESS	
12.13 CITY	
12.14 STATE	
12.15 ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY	
12.19 STATE	
12.20 ZIP	

13.1 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	6099 N.W. 48TH CT.
13.3 CITY	CORAL SPRINGS, FL 33067
13.4 STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 ZIP	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY	
13.9 STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 ZIP	
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY	
13.14 STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 ZIP	
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY	
13.19 STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.20 ZIP	

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that I, as agent, shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the officer or person empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12, or Block 13, I hereby consent to be liable jointly with an address.

SIGNATURE: *Bruce Kaminester* **Bruce Kaminester** 10/95305-499-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR