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 #

1. Corporation Name

I B K ENTERPRISES, INC.

				•	-					
Principal Place of Business Mailing Address									Its Miller Erest Indi	
6099 NW 48CT CORAL SPRINGS US		6099 NW 48CT CORAL SPRINGS FL 33067 US					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 06/26/1992			
2. Principal Place of Business 2a			2a, Mailing Address				··· 1 1 12		Applied For	
21							65-0326149		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				مواتعا المستدر و	5. Certifcate of Status Desired Fee Required			
22 City & State		City & State					6. Election Campaign Financing \$5.00 May Be			
23		28	· 				Trust Fund Contribution Added to Fees			
Zip	Country	Zip					This corporation owes the current year Intangible			
24	25 29 3			0	Personal Property Tax.			Yes	□No	
24	9. Name and Address of Curre	1			_		10. Name and Address of New Registered	Agent		
					11	Name	<u> </u>			
KAMINESTER, BRUCE 6099 NW 48TH ST				8	2	Street Addre	ress (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33067					00		200 1 20 1 20 1 20 1 20 1 20 1 20 1 20		70 1 7 20 3 2 3 3 3 3 4 4 4	
CORAL SERINGS FL 33007				°	83				· 经数据	
		4.3		8	4	City	FL	85 Z	ip 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	e Addition	
TITLE ·	D		☐ DELETE	1.1 TMLE		İ		☐ Certain	ge D'Addition	
	KAMINESTER, BRUCE			1.2 NAME						
	6099 NW 48TH CT			1.3 STREET ADDRESS		ADDRESS				
C/TY-ST-ZIP	CORAL SPRINGS FL				1.4 CITY-ST-ZIP			☐ Chan	ge Addition	
TITLE	,		2.1 TITLE				∐ ¢ilati	ge L Addicon		
NAME			2.2 NAME							
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS						
CITY-ST-ZIP		•		2.4 CITY		-ZIP		☐ Chan	ge Addition	
TITLE ,	લુક્સ ક્ષ્યાફ જ કુલ જો કે	•	☐ DELETE ,	3.1 TITLE				Chan	ge LI Addition	
NAME	रीतिवेद्रके कि			3.2 NAMI					1	
STREET ADDRESS			•	3.3 STRE		- 1	· 一种 医二种 医二种 医二种 化二基酚	3 3		
CITY-ST-ZIP	<u> </u>	•			.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition	
TITLE			C) DETEIR	4,1 TITLE			Providence (All States of Control of States of Control of States of Control of Control of States of Control of	- L. Crian	An Shirt Languigh	
NAME			•	4. 2 NAM						
STREET ADDRESS	8 x 1 *		**			ADDRESS				
CITY-ST-ZIP			□ DELETE	4.4 CITY		- ZiP		Chan	ge 🔲 Addition	

CITY-ST-ZIP 14. 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 changes, or on an attack point with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRÉSS

CITY-ST-ZIP

☐ DELETE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90023 034 ***150.00

Addition