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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED

May 06 1998 8:00am

Secretary of State

IKENU	CO, INC.			
Principal Place	e of Business	Mailing Address		
4725 W ATLA	MTIC AVE	P.O.BOX/14011		
-STE-4	OULEL 00445	BOYNTON BEACH FL 33474	1	DO NOT WRITE IN THIS SPACE
US	OIT 1 E 00445	US	•	3. Date Incorporated or Qualified
				09/14/1992
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 7.0	BOX 740111	26 P.O. BOX	740111	65-0357783 Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State 28 BOYNTON B	EACH FL	Election Campaign Financing \$5.00 May Be
23 <u>Boyn</u>	ITON BEACH FL		Country	Trust Fund Contribution
Zip 334	74 Country	^{Zip} 33474 30	_ ´	8. This corporation twes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9, Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
ME	YERS, LOUIS		81 Name	
	23 W ATLANTIC AVE		82 Street A	LOUIS MEYERS
	E 4		92 Street A	Address (P.O. Box Number is Not Acceptable) 6783 HATTELAS DE UE
	LRAY BEACH FL 33445		83	
			84 City	Inc. Tip Code
-			84 City	LAKE WORTH FL 85 33467
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
agent. I a	egistered agent, or boin, in the state of m familiar with, and accept the obligation	ions of, Section 607.0505, Floric	nonzeu by me corp da Statutes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE			OU / MGY @ Registered Agent signature	
	Signature, typed or printed name of registeron agen			
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D P Change Addition
NAME	MEYERS, LOUIS	Dittie	1	
STREET ADDRESS	4723 W. ATLANTIC AVENUE #	14	1.3 STREET ADDRESS	MEYERS, LOUIS 6783 HATTERAS DR
CITY-ST-ZIP	DELRAY BEACH FL	•	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY - ST - ZIP	4
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE NAME		☐ precit	5.1 TITLE 5.2 NAME	Change Addition
			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	• • •
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 214 . Apr A 46 - 1 - 6	to all to 40 to a local control of 41 to		d a Castian \$40.07(2)(i) Florida Ctatutas 1 further partiful that the information

Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee encropsited to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with a decision.