

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90165 016 \*\*\*635.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 564005**

1. Corporation Name  
**THREE K INVESTMENTS, INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 5380 N OCEAN DRIVE  
 SUITE 111 H  
 SINGER ISLAND FL 33404  
 US

Mailing Address  
 616 MAIN STREET  
 SUITE 600  
 JOHNSOTWN PA 15901  
 US

3. Date Incorporated or Qualified  
**11/29/1977**

4. FEI Number  
**59-1795678**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **17331 SW 61 CT**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Ft Lauderdale FL**  
 Zip Country  
 24 **33331** 25 **USA**

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**PENROSE, GILBERT**  
~~4100 N OCEAN DR~~  
~~APT 603~~  
~~SINGER ISLAND FL 33404~~

10. Name and Address of New Registered Agent  
 81 Name **Gilbert Penrose**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**17331 SW 61 CT**  
 83  
 84 City **Ft Lauderdale FL** 85 Zip Code **33331**

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 \_\_\_\_\_ DATE **3-5-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENROSE, GILBERT	
STREET ADDRESS	<del>5380 N OCEAN DR, APT 111</del>	
CITY-ST-ZIP	<del>SINGER ISLAND FL 33404</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gilbert Penrose	
1.3 STREET ADDRESS	17331 SW 61 CT	
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **3-5-99** DAYTIME PHONE # **954-434-6221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)