**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000015137

1. Corporation Name

**RBK & ASSOCIATES, INC.** 

Principal Place	of Business	Mailing Address		1_10	
941 NE 19 AVE	•	717 SE 6TH ST.			
205 FT. LAUIDERDALE FL 33301					DO NOT WRITE IN THIS SPACE
FT. LAUD. FL 33304					3. Date Incorporated or Qualifed
US					02/22/1993
A D::! D	leas of Dissipance	2a. Mailing Address			4. FEI Number Applied For
					65-0389877 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.		\$8.75 Additional
22	m, 010.	<b>⊢</b> '''	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip	Country	y	8. This corporation owes the current year Intangible
24 25 29			<u> </u>		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	EDT LADDY		81	Name	
ECKERT, LARRY			82	Street Add	dress (P.O. Box Number is Not Acceptable)
717 SE 6TH ST. FT. LAUDERDALE FL 33301					
F1. L	AUDENDALE FL 33301		83	3	
			84	City	85 Zip Code
	-			<u></u>	FL 5 12 15 15 15 15 15 15 15 15 15 15 15 15 15
Office or r	anietorod agent or both in the State	of Florida. Such change was auth	orized by	/ the corporal	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statute	S.	
SIGNATURE					ired when reinstating) DATE
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Age	ent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE		Change Addition
NAME	ECKERT, LARRY		1.2 NAME		
STREET ADDRESS	717 SE 6TH ST.			ET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-1		
TITLE	TT. ENOBERBALE TE 00001	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	ET ADDRESS	
CITY-ST-ZIP			2.4 CITY-		and the second s
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	ET ADORESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	- 1	☐ Change ☐ Addition
NAME			5.2 NAME	i	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		F10 F11
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	t	
STREET ADDRESS	1-12-12 (1) (1) (3) (1)			ET ADORESS	
[	The second of th		64 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

525-5510

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90038 015 \*\*\*150.00