FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS 1998** DOCUMENT # 564005 (7) THREE K INVESTMENTS, INCORPORATED Principal Place of Business Mailing Address 4100 N OCEAN DR 4100 N OCEAN DR **APT 603** SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/29/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5380 N. Qce ZN D 6/6 59-1795678 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be JUHNSTOWN Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ Yes ΠNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 PENROSE, GILBERT Name 4100 N OCEAN DR 82 Street Address (P.O. Box Number is Not Acceptable) **APT 603** SINGER ISLAND FL 33404 83 84 City 85 Zip 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11TIDE Change PENROSE, GILBERT 5380 N. BEEN DN GIP 11 H Singer Island The 33404 NAME 1.2 NAME 4100 N OCEAN DR STREET ADDRESS 1.3 STREET ADDRESS SINGER ISLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 C(1Y - S1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE Change 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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.