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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name POLKIN INC.

DOCUMENT # 156378



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90049 029 ***150.00

Principal Place of Business Mailing Address							
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881 OCEAN DRIVE P. O. BOX 161379		•			ţ		
APT. 7-A		MIAMI FL 33116			DO NOT-WRITE IN	THIS SPACE=	
MIAMI FL 33149		03			3. Date Incorporated or Qualifed		
US		•			11/06/1948		·
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26	_	·	59-0629792		Applicable 1
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
22		27					
City & State	•	City & State			6. Election Campaign Financing	 \$5.00 M Added to 	
23		28	Cou		Trust Fund Contribution		rees
Zip	Country	Zip		nuy	This corporation owes the current yes Personal Property Tax.	Yes Í	No
24	25	29	30		10. Name and Address of New Regist		
<u> </u>	9. Name and Address of Current	Registered Agent	_	81 Name			
KING	ΔΜΥ				(TO C. D. M. J. J. M. A. A. C.	· · ·	
KING, AMY 881 OCEAN DR., APT. 7 A			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	BISCAYNE FL 33149			83	The state of the s	(此刻)翻绕社	17 A 3 17 8 3. 3% L 331
1121					26 \$1,750 \$150 \$150 \$250 \$250 \$250 \$250 \$250 \$250 \$250 \$2	で30 (33 (35 (35 (35 (35 (35 (35 (35 (35 (35	ode
				84 City		FL	
11 Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-named corp	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was a one of Section 607.0505. Flo	authorized orida Stati	t by the corporation the transfer of the corporation of the corporatio	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment do rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
149	III laitillar with and accept the obligor	01.0 01, 424.0011 04111411					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require		ATE DIDECTOR	20 N 42 8
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD	☐ DELETE	1.1 TI		\$0.790.70		
NAME ~	KING, JOHN, JR.		1.2 N/	1			
STREET ADDRESS	881 OCEAN DR. APT. 7			TREET ADDRESS			}
CITY+ST-ZIP	KEY BISCAYNE FL	☐ DELETE	1.4 CI 2.1 TI	TY-ST-ZIP		☐ Change	Addition
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STREET ADDRESS	881 OCEAN DR. APT. 7					1 1	
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STREET ADDRESS		•	4,4 C	TTY-ST-ZIP			
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NAME			5.2 N	IAME			ł
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CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP			. Addition .
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OUT / OT TID	[· [5]]		6.4 0	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 of 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. CITY-ST-ZIP

SIGNATURE