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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 437481

F.K., INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 045 ***150.00



Principal Place of Business Mailing Address						4 (40)()(0)(000 ()4() 10	7() 01091 (010) (10) 010)	'il Aktri Alan Apter ar	
16900 N.W. 18TH AVE. MIAMI FL 33056		16900 N.W. 18TH AVE. Miami Fl 33056				DO N	OT WRITE IN TH	IIS SPACE	
					}	3. Date Incorporated or		10 OF AGE	
						10/03/1973	agosii oo		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21	iddo o'i baoilleas	26				59 10055 33 S	9-1766	1 1	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A	
22	.,	27				5. Certifcate of Status D	esired 🗀	Fee Red	
City & State	e	City & State				6. Election Campaign Fi	nancing —	\$5.00	Mav Be
23		28			· ·	Trust Fund Contributi	-	Added to	
Zip	Country	Zip	Country	,		8. This corporation owes	the current year	Intangible	
24	25	293	30			Personal Property Ta	x	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		,		10. Name and Address	of New Registere	d Agent	
	2 200		81	Nam	ie				
	en, gene s eso		82	Stree	et Addres	s (P.O. Box Number is No	t Acceptable)		
) ne miami gardens dr ste	: 305					· · · · · ·		
N MI	IAMI BEACH FL 33179		83						
			84	City				. 85 Zip C	ode
							F	L ' '	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was aut	thorized by	the co	ed corpora rporation's	ation submits this statemer s board of directors. I here	nt for the purpose aby accept the app	of changing its reg	registered gistered
SIGNATURE									
	Signature, typed or printed name of registered a	3		nt signatur	re required w	nen reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		İ			☐ Change	☐ Addition
NAME	KING, FRANK		1.2 NAME						
STREET ADDRESS	16900 NW 18TH AVE.		1.3 STREE		×S				
CITY-ST-ZIP	MIAMI FL	Concre	1.4 CITY-S	T-ZIP				Change	Addition
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRES	3S				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		 -			□ Addition
TITLE		☐ DELETE	3.1 TITLE		1 -		÷ · · · ·	Change	☐ Addition
NAME			3.2 NAME		i				
STREET ADDRESS			3.3 STREE		is				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP		***		Change	Addition
TITLE		☐ DELETE	4.1 TITLE					Change	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE		SS				
CITY-ST-ZIP		[] per exe	4.4 CITY-S	T-ZIP				Change	[Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Change	Addition Addition
NAME				T 4Be==*	20			•	
STREET ADDRESS			5.3 STREE		35	•			-
CITY-ST-ZIP		T per ere	5.4 CITY- S 6.1 TITLE	1-ZIP					☐ Addition
TITLE		☐ DELETE	6.2 NAME			•		Change	☐ Addition
NAME			1	T 46000=4					
STREET ADDRESS			6.3 STREE		(۵				
CITY-ST-ZIP	l		6.4 CITY-S	1-210				·	

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 op an attachment with an address, with all other like empowered.

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SIGNING OFFICER OR DIRECTOR

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