


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 542637 (4)  
1. Corporation Name  
R.K.N., INC.

Principal Place of Business  
5220 N. HILLS DRIVE  
HOLLYWOOD FL 33021

Mailing Address  
5220 N. HILLS DRIVE  
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1751125	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOGOLOFF, PAULINE 1849 S. OCEAN DRIVE HALLANDALE FL 33019				10. Name and Address of New Registered Agent			
				81 Name Randall Sogoloff			
				82 Street Address (P.O. Box Number is Not Acceptable) 5220 No. Hills Dr.			
				83			
				84 City Hollywood			
				85 Zip Code FL 33021			

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 *Randall Sogoloff* *Randall Sogoloff* 4/1/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SOGOLOFF, HARVEY M.	1.2 NAME	
STREET ADDRESS	5220 NORTH HILLS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	SOGOLOFF, NANCY	2.2 NAME	
STREET ADDRESS	5220 NORTH HILLS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE *Harvey M. Sogoloff*

CR2E034 (10/97)