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

PROFIT CORPORATION ANNUAL REPORT

1998



THORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 622901

GKM ENTERPRISES, INC.

(7)

## FILED May 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Ac	Mailing Address								
11508 HWY 441 8 E		11508 HM	11508 HWY 441 S E								
OKEECHOBEE FL 34974-1341		OKEECHO	OKEECHOBEE FL 34974-1341								
								DO NOT WRITE II	I THIS SI	PACE	
								Date Incorporated or Qualified			
								05/24/1979			
2. Principal Pla	ce of Business	2a. Mailing	2a. Mailing Address				<b>4</b> , F	El Number			Applied For
21		26	26					59-1967850		10	Not Applicable
Suite, Apt. f	f. etc	Suite, A	Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additional
22		27	27				D. (	Dennicate of Status Desired	ب	Fee I	Required
City & State		City &	City & State				6. E	Election Campaign Financing		\$5.0	0 May Be
23		28	28								d to Fees
Zip	Country	Zip					8. This corporation owes or has paid the current year Intangible				ntangible
24	25	29	30				Personal Property Tax due June 30. Yes No				
24	9. Name and Address of Curre		gent	1001				Name and Address of New Regi			
WA	ITS, C. ALLEN	·			81	Name					
224 WEST RICH AVE.											
			82 Street Ac			Street Add	dress (P.C	<ol><li>Box Number is Not Acceptable</li></ol>	)		
UEL	AND FL 32720				63						
					63						
				ŀ	84	City				85 Zij	o Code
				1		•			FL		
11. Pursuant to	the provisions of Sections 607.05	02 and 607.150B	, Florida Statut	es, the at	oove	-named corp	rporation	submits this statement for the pur	pose of c	changing	its registered
office of re	gistered agent, or both, in the Staten n familiar with, and accept the obli-	le of Florida, Suct gations of Sectio	n 60 <b>7.0</b> 505. Ek	autnorized orida Stati	a by ules.	tne corpora	ation s do	para of directors. Friereby accept	ше арро	munem a	ss registered
- 0	The state of the s	G4									
SIGNATURE :	Signature, typed or printed name of registered a	gent and the if applicab	to {NO!	E Registered	J Ager	nt signature requ	u red when re	e-instating)	DATE	-	
12.		ND DIRECTORS		13.			ΑI	DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12
TITLE	P	DELETE 1.1 T		1.1 Til	ILE					Change	Addition
NAME	MCDEAVITT, GARY L.		1.2 NA	1.2 NAME							
STREET ADDRESS	11508 HWY 441 S E				STREET ADDRESS						
	OKEECHOBEE FL										
CITY-ST-ZIP TITLE	100		1.4 CF 2.1 TII		- 7117	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
	PHELPS, DIANA L.		_								
NAME	630 FOSTERIA DR.			2.2 NA		İ					
STREET ADDRESS	LAKE PARK FL				2.3 STREET ADDRESS						
CITY-ST-ZIP	DANE PARK FL			2. 4 CI		T-ZIP				7	
TITLE			☐ DELETE	3.1 7(1	TLE				ı	Change	Addition
NAME				3.2 NA	ME						ŀ
STREET ADDRESS				3.3 STREET ADDRESS		ADDRESS					
CITY-SI-ZIP				3.4. CITY - S1 - ZIP							
TITLE			DELETE	4.1 1(1	IL <del>E</del>					Change	Addition
NAME				4.2 N	AME	]					
STREET ADDRESS				4.3.ST	REFT	ADDRESS					
CITY-ST-ZIP				4.4 CI		1					
TITLE			DELETE	5.1 111						Change	Addition
									•		
NAME				5.2 NA		I DODGOG					
STREET ADDRESS				1		ADDRESS					
CITY+ST-ZIP			——————————————————————————————————————	5.4 CI		- ZIP					1 2200-
TITLE			DELETE	61 111	LLE				Į.	Change	Addition
NAME				6.2 NA	M€						
STREET ADDRESS				6.3 ST	REET	address					
CITY-ST-ZIP				6.4 CC	1Y-\$1	- 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 trusted 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 a address.

Hira as

941-467-7081