FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000731 (8)

1. Corporation Name

RLK MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1713-A LONG BOW LANE CLEARWATER FL 34624	1713-A LONG BOW LANE CLEARWATER FL 34624

3. Date Incorporated or Qualified: 02/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 4930 Pointé Circle
Suite, Apt. #, etc.
22:
City & State
23: Oldsmar Fla
Zip 24: 34677 Country 25: Pinellas

2a. Mailing Address
26: 4930 Pointé Circle
Suite, Apt. #, etc.
27:
City & State
28: Oldsmar Fla
Zip 29: 34677 Country 30: Pinellas

4. FEI Number: 58-2152350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAWLING, JAMES H
1713-A LONG BOW LANE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4930 Pointé Circle
83
84 City: Oldsmar FL 85 Zip Code: 34684

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	RAWLING, JAMES H	
STREET ADDRESS	1713-A LONG BOW LANE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VSTD	☐ DELETE
NAME	KENNEDY, MICHAEL	
STREET ADDRESS	1713-A LONG BOW LANE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~PCD~~ PCD	☒ Change ☐ Addition
1.2 NAME	Rawling, James H.	
1.3 STREET ADDRESS	4930 Pointé circle	
1.4 CITY-ST-ZIP	Oldsmar Fla 34677	
2.1 TITLE	~~VSTD~~ VTD	☒ Change ☐ Addition
2.2 NAME	Kennedy michael	
2.3 STREET ADDRESS	3741 Preakness Place Apt 1408	
2.4 CITY-ST-ZIP	Palm Harbor Fla 34684	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Kennedy ~~Tracey~~ Tracey	
3.3 STREET ADDRESS	3741 Preakness Place Apt 1408	
3.4 CITY-ST-ZIP	Palm Harbor Fla 34684	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: michael kennedy (VTD) 8-12-96 813-784-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #