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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000731 (8)

RLK MANAGEMENT CORPORATION

FILED May 07 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | I 60 418 00111 00111 10000 11 | | |
|---|-----------------------|------------------------|-----------|------------------|---|---------------------------------------|--------------------------|
| 4930 POINTE CHRCLE 4930 POINTE CIR OLDSMAR FL 34677 US US | | | | | DO NOT WRITE 3. Date Incorporated or Qualified | IN THIS SPACE | |
| | | | | | 02/14/1995 | · · · · · · · · · · · · · · · · · · · | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | oplied For |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 58-2152350 | | ot Applicable Additional |
| 27 | | | | | 5. Certificate of Status Desired | 1 4 4 4 | equired |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip Country | Zip n | Count | гу | | 8. This corporation owes or has pai | | |
| 25 25 2 9, Name and Address of Current Reg | | 30 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| | | | | Name | | | |
| RAWLING, JAMES H 4930 POINTE CIRCLE | | | <u> </u> | | 70.00 | | |
| OLDSMAR FL 34884 | | | 2 S | treet Addres | Address (P.O. Box Number is Not Acceptable) | | |
| OLDOWNITT L OTOUT | | 8 | 3 | | | | |
| | | 8 | 4 0 | itv | | 85 Zip | Code |
| | | | | | | FL | |
| 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, typud or printed name of registered agent and little if applicable (NOTE Registered 12. OFFICERS AND DIRECTORS 13. | | | gent si | gnature required | when (einstating) ADDITIONS/CHANGES TO OFFIC | | RS IN 12 |
| TITLE PCD | DELETE | 1.1 TITLE | | | 7.001101010111110201001110 | Change | Addition |
| NAME RAWLING, JAMES H | | 1.2 NAM | [| | | • | |
| | | 1.3 STRE | ET ADD | RESS 493 | 30 Pointé circle | ્ | |
| CITY-ST-ZIP OLDSMAR FL | OLDSMAR FL 1.4 CFI | | -ST-70 | ء ا ا | Same Pla 341 | .7 7 | |
| TITLE VD | ☐ DELETE | 2 1 TITLE | | ŀ | | Change | Addition |
| | KENNEDY, MICHAEL 22 N | | - | | 0 | | |
| | | | ET ADD | , , | B4 seagull Dri | ve Apt 20 | 2 |
| | | 2. 4 C/TY 3.1 TITLE | | 1 0 4 | m Harbon Ela | 3468 <u>く</u> Change | Addition |
| TITLE | | | | | • | □ change | L Addition |
| NAME Street address | | 3.2 NAME 3.3 STREET | | RF99 | | | |
| CITY-ST-2IP | | | - ST - Zi | | | | |
| TITLE | DELETE | 41 TITLE | | " | | ☐ Change | Addition |
| NAME | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET | | RESS | | | |
| CITY-ST-ZIP | | 4.4 CITY | ST-ZII | Р | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STRE | ET ADD | ress | | | |
| CITY-ST-Z4P | T brieze | 5.4 CITY | | P | | | 4,439144 |
| TITLE | DELETE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | | 6.2 NAM | | | | | 1 |
| STREET ADDRESS | | 6.3 STRE 6.4 CITY | | | | | |
| CITY-ST-ZIP | | | | | | | |

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.