FILED

Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90012 005 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F95000000731

RLK MANAGEMENT CORPORATION

Principal Place	of Business	Mailing Address		(INDICION CITY 1818) BELLY BRIEF BRIEF BREEF		
OLDSMAR FL 34677 OLDSMA		4930 POINTE CIR OLDSMAR FL 34677			T.U.O. O.D. 4.0.5	
US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
2 Oringinal D	ace of Business	2a. Mailing Address		02/14/1995 4. FEI Number	Applied For	
		<u> </u>			Not Applicable	
21 2721 North Consyth Pan 226 2721 North Suite, Apt. #, etc.		h torsyth k		38.75 Additional		
22 - 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			5. Certificate of Status Desired	Fee Required		
City & State City & State			6. Election Campaign Financing	. \$5.00 May Be		
23 Winter Pank Flo 28 Winter Han			ant Clu	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current ye		
24 3279		29 32792	30 On ancye	Intangible Personal Property.	Yes 🔥 No	
9. Name and Address of Gurrent Registered Agent				10. Name and Address of New Regist	10. Name and Address of New Registered Agent	
RAWLING, JAMES H				mes Rauling		
4020 DOINTE CIRCLE 82 Street			Idress (P.O. Box Number is Net Acceptable)			
OLDSMAR FL 34684				2721 North Forsyth Road		
199				261		
84 City					85 Zip Code	
Winter Pank FL 30792						
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PCD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition	
NAME	RAWLING, JAMES H	□ DEFE IE	1.2 NAME	onal worth foreyth	Rd. No. 4e 351	
STREET ADDRESS	4930 POINTE CIR				165. 201-6 27 L	
CITY-ST-ZIP			1.4 CITY-ST-ZiP	utoten Pank Gla 32792		
TITLE	VD	DELETE	2.1 TITLE		Change Addition	
NAME.	KENNEDY, MICHAEL		2.2 NAME	Δ ,	Cinaligo C : 123.131	
STREET ADDRESS	1484 SEAGULL DR #202		2.3 STREET ADDRESS	2721 North Forsydl Winter Pork Fla 3	Rd. 50,4c 361	
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 CITY-ST-ZIP	Winten Pork Fla 3	2792	
TITLE	-	DELETE	3.1 TITLE		Change Addition	
NAME		_	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	NPP	Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			

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.

4.4 CITY-ST-ZIP 5.1 TIDE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NAME STREET ADDRESS

SIGNATURE PROTECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PROTECTOR

DELETE

DELETE

Change Addition

Addition

Change