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

FILED						
May 01 1998 8:00am						
Secretary of State						

l -	MENT # G524 RK DEVELOPERS, INC.	16 (6)			
Principal Plac	e of Business	Mailing Address		<u> </u>	IŞIL ƏDƏLI ƏRƏK DICIK QUQULUĞU
·		ū			
2850 LAKE WASHINGTON RD SUITE 1		2850 LAKE WASHINGTO STE 1	אי אני		
MÉLBOURNE FL 32936		MELBOURNE FL 32936-	7788	DO NOT WRITE IN THIS	S SPACE
US		US		3. Date Incorporated or Qualified	
				08/02/1983	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2349389	Not Applicable
Suite, Apt.	#, e1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	d Agent
	X er man, Mark		81 Name		
HERKIMEIANG KONK REARK			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MATHAND FL 32954			1662	Cardinal Court	
			83		
			84 City		85 Zip Code
			84 City Melbo	ourne, F	L 32935
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	ND DIRECTORS	If: Registered Agent signature requiestation 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 40
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	ACKERMAN, HYMIE		1.2 NAME		
STREET ADDRESS	1817 BRAELOCH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 City - St - ZiP		
TITLE	·VD	DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME	ACKERMAN, MARK		2.2 NAME		
STREET ADDRESS	1257 WELLINGTON TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2 4 CITY-ST-ZIP		
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	·····	☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		1
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP	•		6.4 CITY - ST - ZIP		
				0	

Thereby 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 given that I am an address.