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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90010 050 ***150.00

DOCUMENT # J23455 1. Corporation Name							ļ				
•	RK MARKETING CONCEPTS	S, INC	A ?*								
Principal Place	e of Business	М	lailing Add	ress					-1 \$ 18891/6 BILLO 1/688 LENI BYON OLIDA BENI OLDIN OLDIN DIDIN DIDIN DIDIN DIDIN DIDIN TADIN		
117 RED SKY COURT			117 RED SKY COURT					Ì			
LAKE MARY FL 32746 LAKE MARY FL 32746								ĺ	DO NOT WRITE IN THIS SPACE		
							•		3. Date Incorporated or Qualifed	1	
								Ì	07/10/1986		
2. Principal Place of Business			2a. Mailing Address						4. FEI Number Applied For	1	
<u> </u>			26						59-2815814 Not Applicable]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional		
22			27					}	Fee Required	┨	
City & State			City & State -				• 1	_	6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip Coun			itrv			8. This corporation owes the current year Intangible	1	
24 25			29 30					ļ	Personal Property Tax.	ļ	
9. Name and Address of Current						_			10. Name and Address of New Registered Agent]	
						81	Name			ł	
	ER, GARY J				ŀ	82	Street A	ddres	ess (P.O. Box Number is Not Acceptable)	1	
117 RED SKY COURT Lake Mary Fl 32746											
LAN	E MART PL 32/40				{	83	}				
					ļ	84	City		FL 85 Zip Code	1	
11. Pursuant office or r agent. I a	The Man	w	607.1508, da. Such f, Section if applicable.						pration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered ### ### ### #### ###################		
12.	OFFICERS AN	ID DIR			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>ا</u> !	
TITLE	PD	☐ DELETE			1	1.1 TITLE			☐ Change ☐ Addition		
NAME	RASER, GARY J					1.2 NAME				1	
STREET ADDRESS						T ADDRESS		,	}		
CITY-ST-ZIP TITLE	ST LAKE MARY FL 32746	☐ OELETE		1.4 CITY-S'		T-ZIP		☐ Change ☐ Addition	{		
NAME	RASER, ELENI M			2.2 NA							
STREET ADDRESS	ALE BED AND CAUSE						T ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32746				2. 4 CIT						
TITLE		☐ DELETE		3.1 TIT	LE			☐ Change ☐ Addition			
NAME					3.2 NA	ΝE			A COMMAND OF THE PROPERTY OF T		
STREET ADDRESS		•			3.3 STF	REET	T ADDRESS			ļ	
CITY-ST-ZIP					3,4. CIT		ST-ZIP		DOL.	$\left\{ \right.$	
TITLE				DELETE	4.1 TIT			•	☐ Change ☐ Addition		
NAME					4. 2 NA					ĺ	
STREET ADDRESS							TADDRESS				
CITY-ST-ZIP TITLE		~ 		☐ DELETE	4.4 CIT 5.1 TST		1-211		☐ Change ☐ Addition	1	
NAME					5.2 NA						
STREET ADDRESS							TADDRESS			1	
CITY-ST-ZIP					5.4 CIT						
TITLE				☐ DELETE	6.1 TIT	LE			☐ Change ☐ Addition]	
NAME					6.2 NA	ME				1	
STREET ADDRESS							TADDRESS				
	Į.				E 4 CIT	v ~	T 71D			1 1	

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 employered 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, with all other like empowered.

SIGNATURE: