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

DOCUMENT # J24915

KRLK, LTD., INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90131 036 ***150.00



Principal Plac	e of Business	Mailing Address							
% ROBERT E.	ZOBEL	% ROBERT E. ZOBEL							
4401-TROODHIE		4401-WOODEIELD-BLVD.				50.107.415			
BOCA RATON	FL 33434	BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE			
					1	Ir corporated or Qualifed			J
						18/1986			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI			<u> </u>	plied For
21	<u> </u>	26			59-	<u> 2705048 </u>		No.	Applicable
Suite, Apt. 921	* Rut hedge ave	Suite, Apt. #, etc. 27 9200 Kutledge Aut			5. Certi	ifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	e L	Cky & State	7		6 Elec	tion Campaign Financing		\$5.00	May Be
23	-	28	•		1	t Fund Contribution		Added to	- 1
Zip	Country Zip Cou			у		ccrporation owes the cur	rent vear Intar	naible	
24	25	29 3	۵	•	Personal Property Tax. Yes No				□No
	9. Name and Address of Current Registered Agent		,			ne and Address of New	Registered A	gent	-
	J. Halle and Ada Coo C. College		8	1 Name				<u> </u>	
Zobel, Robert E.									
	WOODFIELD BLVD.		82 Strat Ac			Number & Not Accept	able)	•	
-	***************************************		8:	7 4	NO A	ST TUNK		<u> </u>	
BUC	A RATON FL 33434		0,	3		•			
ВОО	A NATON PE 30404		84	4 City			FI	85 Zip (ode
				l					- aniatarad
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State	≀ and 607.1508, Florida Statutes of Florida, Such change was ∋utl	i, the abor horized by	ve-named o	ccrporation sub- tration's board o	mis this statement for the of cimactors. I hereby acce	purpose or ci	ment as reg	stered
agent. I a	m far liar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statute	s. 🗩 🌶	4	12		4-	
SIGNATURE	10 7-	J Role	1	Loke	<u>s/ /</u>	ilsident.	<u> </u>	1/57	
	Signature, typed or printed na ne of prijister d agen OFF CRS AN			ent signature re	quired when reinstation	TIONS/CHANGES TO OF	EICEDS AND	DIPECTO	DS IN 12
12.		DELETE	13.					Change	Addition
TITLE	PD	O DECEIE	1,1 TITLE			Rutledge	_	Change	
NAME	ZOBEL, ROBERT E.		1.2 NAME		40.00	Double de	Mail	_	
STREET ADDRESS	WHO I WOOD ILLE BETO		1.3 STREE	ET ADDRESS	7 200	noneag		•	
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		-			
TITLE	☐ DELETE 2.1 TI		2.1 TITLE					Change	☐ Addition
NAME	2.21		2.2 NAME						
STREET ADDRESS			2.3 STREI	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE			3.1 TITLE					Change	Addition
NAME			3.2 NAME						l
STREET ADDRESS				ET ADDRESS					
			34. CITY-						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
			4. 2 NAME					_ •	_
NAME				1					
STREET ADDRESS			•	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				Chance	Addition
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRESS					İ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS					
J	1			1					

14. I herety 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 changes, or on an adaptment with an address, with all other like appower.

SIGNATURE: