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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57744

. Corporation Name

THE R.K. MICHAELS CORPORATION

Mailing Address Principal Place of Business 2741 DEER BERRY COURT 2741 DEER BERRY COURT LONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/16/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3006433 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. ☐ Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DICK, TIMOTHY A. Street Address (P.O. Box Number is Not Acceptable) 82 2741 DEER BERRY COURT LONGWOOD FL 32779 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE 12 NAME DICK, TIMOTHY, A NAME 2741 DEER BERRY CT 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE. 3.1 TITLE TITLE

 CITY-ST-ZIP
 5.4 CITY-ST-ZIP

 TITLE
 □ DELETE
 6.1 TITLE
 □ Change
 □ Addition

 NAME
 6.2 NAME
 6.3 STREET ADDRESS
 CITY-ST-ZIP
 6.4 CITY-ST-ZIP
 CITY-ST-ZIP

32 NAME

4.5 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

DELETE

☐ DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WALLE PRESIDENTE TIMOTHY A. DICK Resent 4/20/49 407-333-9444

CR2E034 (11/98)

☐ Change

☐ Change

□ Addition

Addition