## 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 # L60650 1. Corporation Name

R.K. PRC	PERTIES, INC.							
Principal Place	of Rusiness	Mailing Address			-		SIL OLDUL DA	OKI OLOH IOCK
228 N. THIRD AVENUE JACKSONVILLE FL 32250 US		228 NORTH 3RD AVENUE JACKSONVILLE FL 32250 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/22/1990				
2 Principal Pl	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number		Apr	lied For
21 Philiopai Fi	ace of Dustiless	26			59-2996379		<del></del>	Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A	
City & State	SOUVILLE BEACH FL	City & State  28 TACKSONVILLE  Zip	Ber	ich FL	6. Election Campaign Financing Trust Fund Contribution		5.00 t Added to	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year			<b>.</b>
24	25	29 30	<u> </u>		Personal Property Tax.	<b>X</b> Y		□No_
	9. Name and Address of Current	Registered Agent	- 0	т.,	10. Name and Address of New Registe	red Agen	<u>r</u>	
N IAC	DOCED B		81	Name				
KJAR, ROGER B. 332 3RD STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	INTIC BEACH FL 32233		83	<del></del>				
Alba	WITHOUGHT E GZEGO		0.	ή				
:			84	' '		FL 85		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	i Fiorida. Such change was auth	orizea o	v the corporation	oration submits this statement for the purporn's board of directors. I hereby accept the a	se of chan appointmen	ging its i nt as reg	registered jistered
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		PECTO	DS IN 12
12.	OFFICERS AND	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICEN		Change	Addition
TITLE	PD POCED B	- Dette le	1.2 NAME		•	_	٠	
NAME	KJAR, ROGER B 332 THIRD ST.		_	ET AODRESS				
STREET ADDRESS	ATLANTIC BEACH FL		1.4 CITY-					
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	31-41		ינ	Change	Addition
NAME	KJAR, CAROL FREDERES		2.2 NAME					
	332 THIR ST.			ET ADDRESS				
STREET ADDRESS	ATLANTIC BEACH FL		2. 4 GTY-					
TITLE	ALPANIO DENOM / L	☐ DELETE	3.1 TITLE	<u> </u>			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	<b>.</b>				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-					A sees
TITLE		☐ DELETE	6.1 TITLE			IJ	Change	☐ Addition
NAME			6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: CAO

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90100 008 \*\*\*150.00