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

DOCUMENT #

(4)

R.K. INSURANCE, INC.

Principal Place of Business Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



425 W HALLANDALE BEACH BLVD HALLANDALE FL 33009			425 W HALLANDALE BEACH BLVD HALLANDALE FL 33009			DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualified 07/18/1990		<u> </u>		
2. Principal Pl	2a. Mailing Ad	, Mailing Address			4. FEI Number		Ap	plied For		
21		26	26			65-0204466		No	t Applicable	
Suite, Apt. (¥, etc	├ ─┐ '	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	,	City & Sta	City & State			6. Election Campaign Financing	*** **********************************			
23 Zip	Country	28 Z(p		Country	,	Trust Fund Contribution			****	
24	25 29 30			¬ '	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
GRUNTO, RANDY A.										
425 W HALLANDALE BEACH BLVD				82	Street Add	dress (P.O. Box Number is Not Accepte	ible)			
HALLANDALE FL 33009										
				83						
				84	City		FL	85 Zip (Code	
## Durayant 4	a the provisions of Postons 607	01.00 and 007 1509 EL	orido Statutos	the abou	a named cor	rporation submits this statement for the		f abanaina iti	re registered	
office or re	egistered agent, or both, in the S	itale of Florida. Such ch	ange was aut	horized b	y the corpora	rporation submits this statement for the attended by acceptation's board of directors. I hereby acceptations	ept the apr	ointment as	registered	
agent. Lar	m familiar with, and accept the o	bligations of, Section 6	07.0505. Floric	da Statute	S.					
SIGNATURE							DATE			
12.	Signature, lyped or printed name of registers	AND DIRECTORS	(NOTE R	logistered Ap	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	IS IN 12	
TITLE	D		DELETE	1.1 TITLE	- 1	ADDITIONS/CHANGES TO OTT	OLFIO AIVE	Change	Addition	
NAME	GIUNTO, RANDY A		DETER	1.2 NAME						
,,,,,,,,	310 N 32ND AVE				T ADDRESS					
STREET ADDRESS	HOLLYWOOD FL									
CITY-ST-ZIP TITLE	D D		DELETE	1.4 CITY-3 2.1 TITLE	51-214			Change	Addition	
	~	لببا	DELEVE	2.7 VIILE 2.2 NAME				C Currings		
NAME	GIUNTO, KRISTI W									
STREET ADDRESS	310 N 32ND AVE HOLLYWOOD FL				T ADORESS					
CITY-ST-ZIP	HOLLTWOOD PL		DELETE	2. 4 CITY - 3.1 TITLE	ST- ZIP			Change	Addition	
TITLE		Ļ	DELETE					□ numigo		
NAME				3.2 NAME						
STREET ADDRESS					T ADDRESS				,	
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP			Change	Addition	
TITLE		لبا	DELETE					טעוומויט נייי	Addition	
NAME				4. 2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CITY - 1	ST- ZIP	- Alberton		Change	Addition	
TITLE		L	DELETE	5.1 TITLE	1			TT CHAING	☐ Munition	
NAME				5.2 NAME						
STREET ADDRESS				1	T ADDRESS					
CITY-ST-ZIP			00.000	5.4 CITY-	ST-ZIP			T 7 0' · · ·	Angele .	
TITLE		Ш	DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME					-	
STREET ADDRESS				6.3 STREE	T ADDRESS					
CiTY-ST-ZIP				6.4 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

SIGNATURE: