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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # M63623

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RPK CORPORATION

SIGNATURE:

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Principal Place of Business Mailing Address CO O DEID BRANNAN						er Medit Gifter Gifter	************	
C/O D. REID BRANNON 4512 SAN AMARO DR.		C/O D. REID BRAN 4512 SAN AMARO		•				
			GABLES FL 33146-1049		·			
	. ,	, , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified 12/14/1987	3a. Date (eport
2. Principal P	Place of Business	2a. Mailing Addres	SS		4. FEI Number	<u>`</u>	Ap	plied For
1		26			65-0017938		No	t Applicable
Strite, Apt.	#, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	1		Additional
2		27			o. Commode of Blades Bestind		Fee Re	
City & Stat	ce	City & State			6. Election Campaign Financing		\$5.00	
2 ₁ p	Country	28 Zip		ountry	Trust Fund Contribution	<u> </u>	Added t	
····	<u></u>	29	30	Juniky	8. This corporation has liability fo	r intangible tax Yes		. 199.032,
4	9. Name and Address of Cu		[30]	· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New R			
RDA	NNON, D. REID	The state of the s		81 Name	ID, INGINO ENG PAGE 500 VI INDIA I	ogratorad Ago	,,,,,	
	2 SAN AMARO DR.							
CORAL GABLES FL 33146			82 Street		Address (P.O. Box Number is Not Acceptable)			
OOI	THE CABLES I E SO 140			83				
				84 City		FL ⁸	5 Zip (Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508. Florida	Statutes, the	L L above-named o	corporation submits this statement for the	nurnose of ch	anging it	s registerer
office or r	registered agent, or both, in the S mi familiar with, and accept the o	itate of Florida. Such chang	e was authoriza	ed by the corpo	oration's board of directors. I hereby acco	pt the appoint	ment as	registered
agent, i a	ил таппвасмат, апи ассерт не о	ungations of, Section 607.0	303, rionda 30	atules.				
SIGNATURE	Storation typed or proteoname of repisture	d agent and title 4 applicable.	/NOTE: Register	red Agent signature r	Polited when trinslation	DATE		
	Stip alone typical or printed name of registors OFFICERS	d agent and title 4 applicable.	(NOTE: Register	·····	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DI	RECTOR	RS IN 12
12.			13	·····	required when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOR Change	
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D. REID BRANNON, PRES