

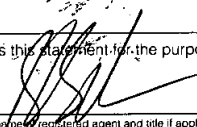
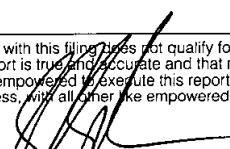
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90346 036 ***150.00

845113

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000044337 1. Entity Name RHK INCORPORATED			
Principal Place of Business 2106 N. ANDREWS AVE #400 Ft. LAUDERDALE, FLA 33311		Mailing Address SAME	
2. Principal Place of Business 625 N.E. 3 AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Ft. LAUDERDALE, FLA Zip 33304 Country USA		City & State SAME Zip Country	
4. FEI Number APPLIED FOR		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 NAYS STREET TALLAHASSEE, FLA. 32301-2535		7. Name and Address of New Registered Agent Name Stephen A. Schorr Street Address (P.O. Box Number is Not Acceptable) 625 NE 3rd Avenue City Ft. Lauderdale FL Zip Code 33304	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  DATE 4/30/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution</small>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D/P <input type="checkbox"/> Delete NAME KOHLMAN, RUSSELL STREET ADDRESS 2101 N. ANDREWS AVE #400 CITY-ST-ZIP Ft. LAUDERDALE, FLA. 33311	TITLE D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KOHLMAN, RUSSELL STREET ADDRESS 625 N.E. 3rd AVE. CITY-ST-ZIP Ft. LAUDERDALE, FLA. 33304		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/30/01 Daytime Phone #	

CR2E034 (11/00)