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 # P93000000731 1. Corporation Name

V & K CORP.

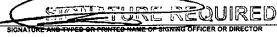
Principal Place	e of Business	Mailing Address					
1900 SO. OCEAN BLVD		1900 SP OCEAN BLVD					
15F		15F				DO NOT WRITE IN THIS SPACE	
POMPANO BCH	1 FL 33062	POMPANO BCH FL 33062 US				3. Date Incorporated or Qualifed	
US		03				01/06/1993	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0369008 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	
22		_ 27				Pee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible	
24	25	29 3	0			Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	STEN, KARL		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
1900 SO OCEAN BLVD				~	Ou bot / toure	Bulloss (1.5. Box Mullipor is 1151 Asseption 1)	
APT				83			
POM	IPANO BEACH FL 33160			_		: 85 Zip Code	
				84	City	FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent			Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TIT				
NAME	KERSTEN, KARL		1.2 NA				
STREET ADDRESS	1900 SO OCEAN BLVD 15F				ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CIT		-ZIP	☐ Change ☐ Additi	
TITLE	VP	☐ DELETE	2.1 TIT	LΕ			
NAME	VINCENT D'ELISEO JR.	,	2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CI	TY-S	T-ZIP	Channe D Additi	
TITLE		☐ DELETE	3.1 TIT	LE		☐ Change ☐ Additi	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP		<u>_</u>	3.4. CI	_	T-ZIP		
TITLE		☐ DELETE	4.1 T∏	LΕ	İ	☐ Change ☐ Additi	
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET	ADORESS		
CITY-ST-ZIP			4.4 CF	TY-\$T	-ZIP		
TITLE		☐ DELETE	5.1 TT			Change Additi	
NAME			5.2 NA				
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY-ST-ZIP			5.4 CI		-ZIP		
TITLE		☐ DELETE	6.1 TII			☐ Change ☐ Additi	
NAME			6.2 NA				
STREET ADDRESS			6.3 ST	REET	ADDRESS		

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.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90101 047 ***150.00