## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009559 (4)

R.K.M. SEMINOLE, INC. Principal Place of Business Mailing Address 200 FIRST AVE. NORTH 200 FIRST AVE. NORTH SUITE 204 SUITE 204 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 02/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 100 2nd Avenue South Suite, Apt. #, etc. Not Applicable 21 100 2nd Avenue South 59-3163788 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 204 N 204 N Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П St. Petersburg, FL St. Petersburg, FL Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 Pinellas 25 Pinellas 33701 24 33701 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name MALOOF, RICHARD K 200 1ST AVE. NORTH Street Address (P.O. Box Number is Not Acceptable) **SUITE 204** 83 ST. PETERSBURG FL 33701 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and to nill applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE MALOOF, RICHARD K 1.2 NAME NAME 200 1ST AVE NORTH, SUITE 204 STREET ADDRESS 1.3 STREET ADDRESS **ST PETERSBURG FL 33701** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2 1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 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 suppliemental 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 of 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 of an an attachment with an address.

4.20.90

FILED

Apr 28 1998 8:00am

Secretary of State

812,895,2100