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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthame

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporatio	MENT # P9300	0046141 (6)			
1 ''''	LKORN ENTERPRISES, IN	C.			
Principal Plac	e of Business	Mailing Address		f inditade til foldå tillt dotte gattt antti natti an	969 BILBE LIBIT BENNT 1101 1001
KAKELKORN	ENT. INC.	319 PIRATES BIGHT			
5375 TAMIAMI TRAIL N. #230		NAPLES FL 33940		DO NOT WRITE IN THIS	S SDACE
NAPLES FL 3	3963			3. Date Incorporated or Qualified	GI AGE
US				06/30/1993	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0432570	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation owes or has paid the c	
24	25	<u>}</u> ¬ ' }	30	Personal Property Tax due June 30.	Yes No
24	9. Name and Address of Curre		301	10. Name and Address of New Registered	d Agent
RO.	DRIQUEZ, VIVIAN L		81 Name		
460 13TH ST SW			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
NAPLES FL 34117			63		
			84 City	200001000	85 Zip Code
				F	L     ·
11, Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute le of Florida. Such change was a	es, the above-named outhorized by the corporate	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing its registered opojntment as registered
agent. I a	m familiar with, and accept the obj	gations of, Section 607.0505, Flo	rida Statutes.	_	1/2/
SIGNATURE	Vann H. K	dy		Property of the Control of the Contr	15/11
12.	Signature, typed or printed name of registered a	gent and the it applicable. (NOTE ND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE	7,001101101011011011011011011011011011011	Change Addition
NAME	KUCKELKORN, ANNELIESE		1.2 NAME		
STREET ADDRESS	319 PIRATES BIGHT		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DEL <b>ete</b>	2.1 TITLE		Change Addition
NAME	RODRIQUEZ, VIVIAN L		2.2 NAME		
STREET ADDRESS	460 13TH ST SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY- ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T brieze	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET 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 or an attachment with an address.

**FILED** 

Mar 13 1998 8:00am

Secretary of State