FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
DOCL	JMENT	#

Corporation Name

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P93000064853 (3)

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RKR MANAGEMENT, INC.

Principal Place of Business	Mailine Address				
3821 RIDGEWOOD AVE PORT ORANGE FL 32119	Mailing Address 3821 RIDGEWOOD AVE PORT ORANGE FL 32119				
		3. Date Incorporated or Qualified 09/17/1993	3s. Date of Last Report 05/01/1995		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-3199874	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		

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RAND, ROBERT C 3821 RIDGEWOOD AVE PORT ORANGE FL 32119

Country

9. Name and Address of Current Registered Agent

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Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yoo
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

tarnillar with, and accept the obligations of, Section 607-0505, Florida Statutes.							
SIGNATURE Signature typed or printed name of registered agent and liftle if applicable. [VOTE: Registered Agent signature required when reinstating] DATE DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12	
TITLE	PTD	DELETE	1. 1 TITLE		☐ Change	☐ Addition	
NAME	RAND, ROBERT C		1.2 NAME				
STREET ADDRESS	3821 RIDGEWOOD AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL 32119		1.4 CITY-ST-ZIP				
THILE	VSD	□ DELETE	2 1 TITLE		☐ Change	Add-tion	
NAME	rand, Kelly P		2.2 NAME				
STREET ADDRESS	3821 RIDGEWOOD AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL 32119		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	Add-tion	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			·	
Caty-St-Z-P			4.4 CITY-ST-ZIP				
TiTLF		☐ DELETE	5. 1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6. 1 TITLE		Change	Addition	
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustle 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 attrictment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/40

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