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

Mailing Address

4801 EAGLESHAM DR

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000047892**1. Corporation Name

Principal Place of Business

7600 SOUTHLAND BLVD

R.K. HOLDING COMPANY OF SOUTH FLORIDA

STE 100 ORLANDO FL 3	19900		ORLANDO FL 32826 US					DO NOT WRITE IN THIS SPACE					
US	2003	00					3.	. Date Incorporated or C	ualifed				
								06/27/1994					
<ol><li>Principal Pl</li></ol>	ace of Business	2a. M	ailing Address				4.	. FEI Number			App	lied For	
21		26	26					<u>59-32565</u> 72			Not	Applicable	
Suite, Apt.	#, etc.	Si	Suite, Apt. #, etc.					. Certifcate of Status De	sired 🔲			dditional	
22		27	27					. Cartificate of Gladas Box			Fee Req	uired	
City & State	e ·	C	City & State				6.	, Election Campaign Fina	ancing []	\$	5.00 N	May Be	
23		28	3]				Trust Fund Contribution	۱		Added to	Fees		
Zip	Country Zip				Country			. This corporation owes	he current y	ear Intangibl	ie		
24	25	29		30				Personal Property Tax.		□ Ye	es [	□No	
	9. Name and Address of C	urrent Register	ed Agent				10	. Name and Address o	New Regis	stered Agen	t		
					81	Name		•					
PATE	el, ramanlal n							555 11 1 1 1 1 1 1	A 1-1-1-3				
7600 SOUTHLAND BLVD					82	Street A	Address (I	P.O. Box Number is Not	Acceptable)				
SUITE 100					83							-	
ORLANDO FL 32809					"								
0110	ANDO I E GEOGO				84	City				FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.	1508, Florida Statu	ites, the a	bove	-named o	corporatio	on submits this statement	for the purp	ose of chang	ging its r	egistered	
office or re	egistered agent, or both, in the	State of Florida.	Such change was	authorize	d by	the corpo	ration's b	poard of directors. I hereb	y accept the	appointmen	it as reg	istered	
agent. i a	m familiar with, and accept the	obligations or, Se	3CBOH 607.0303, F1	ivilua Stat	uico	•							
SIGNATURE	Signature, typed or printed name of register	red agent and title if an	nicable (NOI	E: Registered	Agen	t signature re	duired when	reinstating)	0	DATE		<del></del>	
12.		S AND DIRECT		13.				ADDITIONS/CHANGES	TO OFFICE	RS AND DIF	RECTOF	RS IN 12	
TITLE	D	1071115 5111201	☐ DELETE	1.1 Ti	TLF						Change	☐ Addition	
	PATEL, RAMANLAL N			1.2 N									
NAME	4801 EAGLEHAM DR					* ADDRESS							
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	ORLANDO FL		C) per exe		ITY-S1	r-zip					Change	Addition	
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NAME				2.2 N	AME							ĺ	
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TITLE				6.2 N								_	
NAME				-									
1 emert apported				■ 6.3 S	IKEE	ADDRESS							

SIGNATURE:

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 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 changes or an an attachment with an address, with all other like empowered.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90100 002 \*\*\*150.00