

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

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
1999		
DOCUMENT # P94000048504 Vol		
1. Corporation Name R.K. Construction, Inc.		

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

05-17-1999 90011 035 ***150.00

Principal Place of Business		Mailing Address	
		13709 Columbine Avenue Wellington, Florida 33414	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 Zip		27 City & State 28 Zip 29 Country 30	
24		25	
9. Name and Address of Current Registered Agent Robbie Kubusheski 13709 Columbine Ave Wellington, Fl. 33414			

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 7/30/94		
4. FEI Number 605-05060029		
Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 FL

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.

SIGNATURE		Signature of officer or registered agent and title if applicable		(NOTE: Registered Agent signature required when changing)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	NAME	11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	NAME	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	NAME	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	NAME	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	NAME	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	NAME	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS						
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date Daytime Phone #