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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000071532

1. Corporation Name

Principal Place of Business

THE SPECIAL K CORPORATION OF THE SOUTH

13121 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414		13121 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414			DO NOT WE	RITE IN THIS S	PACE	Ē		
						3. Date Incorporated or Qualifed 09/27/1994	J			
2. Principal Pl	lace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		$^{-}$ L	Applied	
21		26				65-0522314			Not Ap	plicable
Suite, Apt. #, etc.		Suite, Apt: #; etc.			5. Certificate of Status Desired	. 🗆	-	75 Addit		
22		27				5. Certificate of Guida Doc. 12		Fe	e Requir	ed
City & State		City & State				6. Election Campaign Financing			.00 May	
23		28				Trust Fund Contribution		Ad	ded to Fe	es
Zip 24	Country 25	Zip 3	Coun 30	ntry		This corporation owes the cur Personal Property Tax.		ngible Yes	X	No
	9. Name and Address of Current					10. Name and Address of New	Registered A	gent		
				81	Name		•			
Chase, Alan R 9400 S. Dadeland BLVD.				82	Street Addre	ess (P.O. Box Number is Not Accep	table)			
	TE 600 MI FL 33156			83	-					
IAIS AL	MITC SOLOG		Ī	84	City		FL.	85	Zip Code	•
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of printed name of registered agent.	of Florida. Such change was autions of, Section 607.0505, Florid	ithorized ida Statui	by t ites.	ine corporatio	oration submits this statement for the on's board of directors. I hereby account to the oration of the oration	e purpose of capt the appoint	ment a	as registe	med
12.	OFFICERS AND		13.	Ago	Signature . oqu	ADDITIONS/CHANGES TO O		DIRE	CTORS	IN 12
TITLE	D	DELETE	1.1 TITL	LE				Cha		Addition
NAME	KIEVAL, YVONNE	_	1.2 NAS		1				-	_
STREET ADDRESS	13121 DOUBLETREE CIRCLE				ADDRESS					
	WEST PALM BEACH FL 33414		1.4 CIT							
CITY-ST-ZIP TITLE	WEOT TALM DEAOTTTE OCT.	☐ DELETE	2.1 TITL	_	*ZIF		- 	☐ Cha	ange [Addition
NAME			2.2 NA			,			_	_
			E .		ADDRESS					ļ
STREET ADDRESS			2.4 CIT	=				•		ļ
CITY-ST-ZIP .			_	11-0	1-21-	Section 1998 Comments	•			
NAME		I_I DELETE	3.1 1171	1F		Section 1999 and the second		☐ Cha	ange [Addition
		☐ DELETE	3.1 TITL 3.2 NAM			Section 1989 and 1989		Chi	ange [Addition
STREET ADDRESS		□ DECE IE	3.2 NAM	ME	ANDRESS	Section 1985 to the section of the s	` `	☐ Chi	ange [Addition
		. DELETE	3.2 NAM 3.3 STF	ME REET	ADDRESS	See		☐ Chá	ange [Addition
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6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

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 on an attachment with an address, with all other like empowered.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90130 013 ***150.00