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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90057 038 ***150.00

DOCUMENT # 1. Corporation Name	P94000093518	
R & K ENTERPRISES	OF SOUTH FLORIDA, INC.	

пакы	VIENTIGES OF SOUTH FE	OHDA, INO			
Principal Place	of Business	Mailing Address			. 56(1) 60(16 (6(88 (1)5) 5(181 (100) 10(1) 166)
1323 SE 17 STF	REET	1323 SE 17 STREET			
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316			DO NOT WEIT	DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualifed	= IN THIS SPACE
				· ·	
<u> </u>		0. 11-15-1-14		12/28/1994 4. FEI Number	Applied For
⊢ ¬ `	ace of Business	2a. Mailing Address		··	Not Applicable
21	4 - 4 -	Suite, Apt. #, etc.		65-0342150	\$8.75 Additional
Suite, Apt. 1	₹, Q IC.			5. Certifcate of Status Desired	Fee Required
22 City & State	 	City & State		6 Floring Compaign Financing	□ \$5.00 May Be
City & State	•	├ ─		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	28	Country	8. This corporation owes the curren	· · · · · · · · · · · · · · · · · ·
⊢ , '	25		30	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Current		30 1	10. Name and Address of New Re	gistered Agent
-	o. Harre and Harrison of Carron		81 Name		
JENS	SEN, ROBERT C		20 8:	/D O. D Number in Not Assental	-10)
5979	N.W. 151ST STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	ne;
Sum	E 208		83		
MIAN	II LAKES FL 33014				1-1
			84 City		FL 85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Dections Bby .050/2 gistered agent, or both, in the State of in familiar with, and accept the obligate Signature, typed or printed name of registered agen	or Florida. Such change was au ions of, Section 607.0605, Flori	es, the above-named cor ithorized by the corporat ida Statutes. Registered Agent signature requir	poration submits this statement for the p tion's board of directors. I hereby accept ared when reinstating)	ourpose of changing its registered the appointment as registered
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROWLAND		1.2 NAME		İ
STREET ADORESS	1323 SE 17 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KRYSTAL		2.2 NAME		İ
STREET ADDRESS	1323 SE 17 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 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			4.4 CITY-ST-ZIP		
TITLE		☐ 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

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 appear with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR