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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name PKSR, CORP.

P95000002584 (7)

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Maiting Address										111 9191 1991
4820 JEFFERSON STREET 4820 JEFFERSON STI HOLLYWOOD FL 33021 HOLLYWOOD FL 3303				: T						
1102211100912 00021							DO NOT WRIT	E IN THIS S	3PACE	
						3	 Date Incorporated or Qualified 01/10/1995 			
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address				1. FEI Number		Ap	plied For
21		26					65- <u>0</u> 660147			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5	5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				-	5. Election Campaign Financing		\$5.00	
23		28				"	Trust Fund Contribution		Added t	
Zip	Country	Zip				8	3. This corporation owes or has p	aid the cur	rent year Inti	angible
24	25 29 30						Personal Property Tax due Jun			No
	9. Name and Address of Curren	t Registered Agent	•			10). Name and Address of New R	egistered /	Agent	
	BINSON, PETER D			81	Name					
4620 JEFFERSON STREET				82 Street Address (P.O. Box Number is Not				ible)		
HC	OLLYWOOD FL 33021			83						
				84	City			FL	85 Zip C	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.										
SIGNATURE			<u>. </u>							
	Signature, typed or printed name of registered ager OFFICERS AND		(NOTE: Registe		nt signature r	required who	en reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTOR	S IN 12
12.	D OFFICERS AND	DELE		TITLE	T		ADDITIONS/OFFANGES TO OFF	OLITO AITO	Change	Addition
NAME	ROBINSON, STEPHANIE A			1,2 NAME						
STREET ADDRESS	4620 JEFFERSON STREET				ADDRESS					}
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP						
TITLE	D			2.1 TITLE			······································		Change	Addition
NAME	ROBINSON, KEVIN J		2.2	2.2 NAME						
STREET ADDRESS	4620 JEFFERSON STREET		2.3	STREET	ADORESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.	4 CITY - S	1-ZIP					
TITLE	D	☐ DELET	TE 3.1	TITLE					Change	Addition
NAME	ROBINSON, PETER D		3.2	NAME	-					
STREET ADDRESS	4620 JEFFERSON STREET		3.3	STREET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021			. CITY-S	T-ZIP					
TITLE		∐ DELET		TITLE					L_ Change	Addition
NAME				2 NAME	- 1					1
STREET ADDRESS					ADDRESS					ł
CITY-ST-ZIP		- Drie		CITY-S	T-ZIP			. 	Change	Addition
TITLE		☐ DELE		TITLE						Addition
NAME				NAME	ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELET		CITY-S	1 • 29*			 	Change	Addition
TITLE NAME		J		NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			•	CITY-S						
CALL OF PA										

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 suppliemental 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 of 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 chapted, or of an attachment with an address.