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

DOCUMENT # **P95000002584**1. Corporation Name

 Corporation Name PKSR, CORP.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90164 009 ***150.00



Principal Place	e of Business	Mailing Address						
4620 JEFFERSO		4620 JEFFERSON						
HOLLYWOOD F		HOLLYWOOD FL 3	3021		DO NOT WELL	E IN THIS SPACE	=	
					3. Date Incorporated or Qualifed	L IN THIS SEACH		
					01/10/1995			
2 Principal D	lace of Business	2a. Mailing Addre	SS		4. FEI Number		Appl	lied For
	lace of Business	26			65-0660147	} -		Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.			\$8.		Iditional
	#, 6 10.	27			5. Certifcate of Status Desired	T	ee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 N	lav Be
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cor	untry	8. This corporation owes the curre	ent year Intangible		
24	25	29	30		Personal Property Tax.	X Ye		□No
24	9. Name and Address of Curren				10. Name and Address of New R	egistered Agent		
		<u> </u>		81 Name				
ROB	inson, peter d			02 04	ddrace (P.O. Box Number is Not Acceptable)			
4620) JEFFERSON STREET			82 Street	Address (P.O. Box Number is Not Accepta	nie)		
HOL	LYWOOD FL 33021			83				
								4.
				84 City		FL 85	Zip C	DOB
11 Burewant	to the provisions of Sections 607 050	2 and 607 1508 Florid	a Statutes, the a	above-named	corporation submits this statement for the	purpose of changi	ng its n	egistered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such chang	e was authorize	d by the corp	oration's board of directors. I hereby accep	t the appointment	as regi	stered
SIGNATURE			MOTE C	d Agost circuit	required when reinstalling)	DATE		
12	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Registere		ADDITIONS/CHANGES TO OFF		ECTOR	S IN 12
12.	D OFFICERS AN	D DIRECTORS			ABBITIONS/GITARGES TO GET	[X] Ch		Addition
TITLE	ROBINSON, STEPHANIE A			IAME			•	_
NAME	4620 JEFFERSON STREET			TREET ADDRESS	5101 MADISON ST			
STREET ADDRESS	HOLLYWOOD FL 33021				HOLLYWOOD FL 33021			
CITY-ST-ZIP		DE		ITY-ST-ZIP	IDLLIWOD IL 3021		ange	Addition
TITLE	D DODINGON KENIN I				,	∟A ≎	ugu	
NAME	ROBINSON, KEVIN J			IAME	FOX CONTRIL DATEDON DO			
STREET ADDRESS	4620 JEFFERSON STREET			TREET ADORESS	500 50021 112200 211			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	HOLLYWOOD FL 33021	Eich	anne	Addition
TITLE	D	□ DE			PRESIDENT & DIRECTOR	X C+	anye	
NAME	ROBINSON, PETER D		3.2 N	IAME				
STREET ADDRESS	4620 JEFFERSON STREET		3.3 9	TREET ADDRESS		,		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP		·		□ k ≥ ee.
TITLE		□ DE	LETE 41T	TILE		CH	ange	☐ Addition
NAME			4.2	NAME		•		
STREET ADDRESS			4.3 9	TREET ADDRESS	•			
CITY-ST-ZIP			4.4 0	CITY-ST-ZIP				
TITLE		□ DE	LETE 5.1 T	ITLE		□ c+	ange	☐ Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 \$	STREET ADDRESS	;			
CITY-ST-ZIP			5.4 0	CITY-ST-ZIP				
TITLE		□ DE	LETE 6.1 T	TLE		□ Ct	ange	☐ Addition
NAME			6.2 N	IAME				
			6.3 5	STREET ADDRESS	3			
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP	l .		_ J.4 C		1			

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 supplementar 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 affactory of the true and accuracy with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 9 / 1999 (954) 966-4896

CR2E034 (11/98)