PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90049 034 ***150.00

DOCUMENT # P95000017794 1. Corporation Name KHK&K, INC. Principal Place of Business Mailing Address 5401 S. KIRKMAN ROAD 5401 S. KIRKMAN ROAD SUITE 725 **SUITE 725** DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualifed 03/03/1995 4. FEI Number Aprilled For 2a. Mailing Address 2. Principa Place of Business 59-3318270 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** A Iditional 5. Certifc ate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Country Zip Zip 30 Persor at Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RASKId Khatib, -KHATIL, RASHID A Street Acdress (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819 83 84 85 Zip Code City 11. Pursuant to the provisions of Sc ctions 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 bolh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed na ne of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF:S IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE KHATIB, RASHID A 1.2 NAME NAME 5401 S. KIRKMAN RD. SUITE 725 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRE 3S 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 cartify 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 accurate 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 attach nent with an address, with a light empowered.

SIGNATURE:

NING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)