

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095418 (6)

1. Corporation Name

R.K.L. HOLDING GROUP, INC.

Principal Place of Business

Mailing Address

18381 PINES BLVD.
PEMBROKE PINES FL 33029

18381 PINES BLVD.
PEMBROKE PINES FL 33029



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		5. Certificate of Status Desired		Not Applicable	
23 Zip		28 Zip		6. Election Campaign Financing		\$8.75 Additional Fee Required	
24 Country		29 Country		Trust Fund Contribution		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

IANNACCONI, JAMES T
800 E. BROWARD BLVD., #510
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip 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

W. PATRICK ROGERS

6-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT / SECT.	11 TITLE	
NAME	KEVEN J. KANE	12 NAME	
STREET ADDRESS	879 TWIN LAKES DR. W	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	14 CITY - ST - ZIP	
TITLE	TREAS.	21 TITLE	
NAME	ERIC CAIRO	22 NAME	
STREET ADDRESS	7315 NW 49TH ST	23 STREET ADDRESS	
CITY - ST - ZIP	CAVONHILL, FL 33044	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	PRESIDENT	41 TITLE	
NAME	W. PATRICK ROGERS	42 NAME	
STREET ADDRESS	11435 LAKEVIEW DR.	43 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 611, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. PATRICK ROGERS

254-345-5286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-13-96 Daytime Phone #

CR2E034 (3/96)