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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024814 1. Corporation Name

RIK FINANCIAL INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 120 MADISON STREET 14125 JENNIFER TERR **SUITE 1900 LARGO FL 33774** DO NOT WRITE IN THIS SPACE SYRACUSE NY 13202 3. Date Incorporated or Qualifed 03/19/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 50 222823 58-2228293 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Zip Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BURKE, WILLIAM M ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) C/O BOND, SCHOENECK AND KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 83 NAPLES FL 33940 Citv 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regi-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Change ☐ Addition TITLE □ DÉLÉTE 1.1 TITLE KALINA, RICHARD I 1.2 NAME NAME 1.3 STREET ADDRESS 120 MADISON STREET, SUITE 1900 STREET ADDRESS CITY-ST-ZIP SYRACUSE NY 13202 1.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE

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 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 attachment with an address, with all other like empowered.

52 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Richard **SIGNATURE**

I. Kalina-Pres.

Change

☐ Addition

CR2E034 (11/98)