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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032010

| 1. Corporation R K ENT | ERPRISES OF CLEARWATE | R, IN | C. | | | | | | | | | • |
|---|--|----------|--|------------|--------------|-----------------|-----------------------------|---|------------------------------------|---|-----------------------------|-----|
| Principal Place | of Rusiness | Ma | ailing Address | | | | | 1 10001000 110 10110 01111 | Beith Book Bolth Bl | 14 56 1514 5 14 5 51 50 1 | DI FIDII ODII ITOS | |
| Principal Place of Business 5710 VIRGINIA AVE NEW PORT RICHEY FL 34652 US | | | 5710 VIRGINA AVE NEW PORT RICHEY FL 34652 US | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | and the second s | | يوه رسيار سدار | · | | | ~- | 3. Date incorporated or Qu 04/08/1996 | ualifed | | | - |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number | | A | pplied For | 1 |
| 21 | | | 26 | | | | | 59-3368820 | | 1 | lot Applicable | 1 |
| Suite, Apt. #, etc. | | 27 | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Des | ired 🗆 | | Additional Required | | |
| City & State | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | | | | | | | Trust Fund Contribution Added to Fees | | | | |
| Zip Country | | | Zip | | | | _ | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 | | | | | | Personal Property Tax. | N B 1-4- | Yes | □No | ┨. |
| | 9. Name and Address of Current | Regist | tered Agent | _ | 81 | Name | | 10. Name and Address of | New Register | ed Agent | | ┨ |
| CI AI | DK AI | | | | 01 | | | vid A. Dorsey | | | | _ |
| CLARK, AL C/O ACCOUNTIN & TAF HELP INC | | | | | 82 | Street A | | ss (P.O. Box Number is Not | Acceptable) | | | |
| 8668 PARK BLVD, STE. A | | | | | | | | 18 Grand Blvd. | | | | ┥ |
| SEMINOLE FL 33777 | | | | | | | • • • | may cau hais a 🧺 | | | | ╛ |
| | | | | | | City | New Port Richey F | | | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 60 | 07.1508, Florida Statut | tes, the a | bove I hv | e-named of | corpor | ration submits this statement is board of directors. I hereb | for the purpose v accept the ap | of changing it pointment as i | ts registered registered | |
| agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligati | igns of, | Section 607.0505, Flo | rida Stati | utes | | , | | 4-12 | 58 | · | - |
| SIGNATURE | (WX Des | | | _ | | | | | DATE | <u> </u> | | - |
| | Signature, typed or printed name of posistered agon OFFICERS AM | | | Registered | Agen | nt signature re | equired v | when reinstating) ADDITIONS/CHANGES | | | ORS IN 12 | ┨ |
| TITLE | VP URFICERS AND | ט טותכ | DELETE | 1.1 T | n.e | | | P ADDITIONOL OF BRITALES | 10 01110=110 | ☐ Change | | 1 |
| | DANIEL, JOHN | | | 1.2 N | | | Wi | lliam G. Winche | ster, II | | | |
| NAME | 1895 SUNSET WOODS CT | | | 1 | | TADDRESS | | 46 Woodstock La | | | | |
| STREET ADDRESS | CLEARWATER FL 33763 | | | 1.4 CI | | | Po | rt Richey, FL | 34668 | | | 13 |
| CITY-ST-ZIP TITLE | p | | ☐ DELETE | 2.1 TI | | 1-21 | | <u></u> | | ☐ Change | Addition | ╗; |
| NAME | RODRIGUEZ, EDWARD D | ت ہ | | 2.2 N | | - 1 | | | ₹. . - | | . * : | - |
| STREET ADDRESS | 5710 VIRGINIA AVE | | | 2.3 ST | REET | TADDRESS | | | | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | | | | | ST-ZIP | | | | | | |
| TITLE | THE POINT HISTORY | | ☐ DELETE | 3.1 TI | | - | | | | Change | Additio | ╗ |
| NAME | | | | 3.2 N | ME | | | | | | | |
| STREET ADDRESS | | | | 3.3 S | REET | TADDRESS | | | | | |) |
| CITY-ST-ZIP | | | • | 3.4. C | ITY-S | iT-ZIP_ | | | | ····· | | _ |
| TITLE | | | ☐ DELETE | 4.1 Tí | TLE | | | | | ☐ Changi | e | ^ |
| NAME | | | | 4. 2 N | AME | | | | | | | |
| STREET ADDRESS | • | | | 4.3 S | REET | TADDRESS | | • | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | TY-S | T-ZIP | | | | | | 4 |
| TITLE | The state of the s | | ☐ DELETE | 5.1 TI | | ſ | | | | Chang | e 🗌 Additio | n |
| NAME : | NAME OF THE PARTY OF THE | | • | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | TADDRESS | | | | | | |
| CITY-ST-ZIP | | | | _ | | T-ZIP | | <u> </u> | | | | 4 |
| TITLE | | | ☐ DELETE | 6.1 TI | | | | | | Change | e 🔲 Addition | 1 |
| NAME | | | | 6.2 N | | | | | | | | |
| STREET ADDRESS | | | - | | | TADDRESS | | | المتحاصية | | | -}- |
| CITY-ST-ZIP | , | | | 6.4 C | TŶ-S | T-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.

(727)848-7326