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Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000038786 (5)

1. Corporation Name  
R. K. REALTY, INC.



Principal Place of Business: 3801 NORTH UNIVERSITY DRIVE, SUITE 503, SUNRISE FL 33351  
Mailing Address: 3801 NORTH UNIVERSITY DRIVE, SUITE 503, SUNRISE FL 33351-6320

3. Date Incorporated or Qualified: 04/29/1996  
3a. Date of Last Report: N/A  
4. FEI Number: 65-0662372  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 1112 N. OCEAN BLVD, Suite, Apt. #, etc.  
22 City & State: POMPANO BEACH FL  
23 Zip: 33062, Country: U.S.  
2a. Mailing Address: 26 750 N. OCEAN BLVD, Suite, Apt. #, etc.  
27 #1903  
28 City & State: POMPANO BEACH FL  
29 Zip: 33062, Country: U.S.

9. Name and Address of Current Registered Agent  
KLEIN, RANDY  
3801 NORTH UNIVERSITY DRIVE, SUITE 503  
SUNRISE FL 33351

10. Name and Address of New Registered Agent  
81 Name: VINCENT AMATO  
82 Street Address (P.O. Box Number is Not Acceptable): 750 N. OCEAN BLVD #1903  
83 City: POMPANO BCH. FL  
84 City: FL, 85 Zip Code: 33062

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: VINCENT AMATO P Vincent Amato 4-18-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE: D, NAME: KLEIN, RANDY, STREET ADDRESS: 801 SOUTH FEDERAL HIGHWAY #504, CITY-ST-ZIP: POMPANO BEACH FL 33062  
TITLE: ~~VINCENT AMATO~~, NAME: ~~VINCENT AMATO~~, STREET ADDRESS: ~~750 N. OCEAN BLVD #1903~~, CITY-ST-ZIP: ~~POMPANO BCH. FL 33062~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: PVST, 1.2 NAME: VINCENT AMATO, 1.3 STREET ADDRESS: 750 N. OCEAN BLVD #1903, 1.4 CITY-ST-ZIP: POMPANO BCH. FL 33062

14. I do 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.

SIGNATURE: Vincent Amato 3-31-97 954-946-6393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)