

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000063360**

1. Corporation Name

R K PROMOTIONS, INC.

Principal Place of Business

7040 WEST PALMETTO PARK RD.
#4196
BOCA RATON FL 33433
US

Mailing Address

7040 WEST PALMETTO PARK RD.
#4196
BOCA RATON FL 33433
US

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 031 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

65-0748129

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNOFSKY, REX
7040 WEST PALMETTO PARK RD.
#4196
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KNOFSKY, REX**
STREET ADDRESS **7040 W PALMETTO PK RD #4196**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REX KNOFSKY - President 7/2/99 (561) 361 9508

CR2E034 (5/99)

0074719

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588597-90004-31

RK PROMOTIONS, Inc.

YOUR ONE STOP - FULL SERVICE PROMOTIONAL AGENCY

Date : July 2, 1999

To : **Division of Corporations**

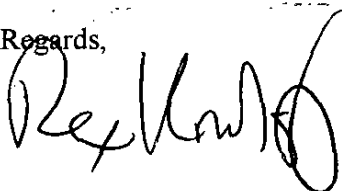
From : Rex Knofsky, CAS
RK Promotions, Inc.

RE : **Annual Report**

To whom it may concern:

I received 2nd notice of my annual report filing in yesterday's mail. It was the first I knew that I had not paid it this year. I looked back in my files and could not find the original report and I started to think about how this could have not been paid on time this year. Back in January of this year my apartment, where I run my business, was robbed (see enclosed case information form). Much of the office was turned upside down and some documents were taken. I believe that the original report form must have been part of what was taken. Without the form I did not remember to file and pay by May 1st. When I got the 2nd notice I called the number on the cover and spoke with Shawn in your office this morning and he mentioned that I could write this note to you and include my form, check, etc. and maybe you would approve me paying only the original filing fee based on the following circumstances. I have paid on time in the past, please let me know the status of my filing at your earliest convenience. Thank you in advance for your time and attention to this note.

Kindest Regards,



SHERIFF
PALM BEACH COUNTY



ROBERT W. NEUMANN
PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681
(561) 688-3000

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588597-9000431
588597-90004-31

THIS COMPLIES WITH FLORIDA STATUTE §960.001/VICTIM ASSISTANCE ACT
VICTIM/WITNESS RIGHTS AND CASE INFORMATION FORM

(PLEASE PRINT ONLY)

DATE: 01-16-99 TIME: 2300 PBSO CASE REPORT #: 99-022023
SIGNAL #: 21 TYPE OF OFFENSE: BURGLARY
REPORTING OFFICER: P/S KILLINGWORTH ID #: 6055
OFFICER'S TELEPHONE #: (561) 688-3000 DIST./BUREAU/SECTION: 7 / PATROL

The above includes information you will need if you contact the Sheriff's Office to provide further information about the case or to receive copies of reports.

Every possible effort will be made to solve the crime, apprehend the perpetrators, and retrieve any property you may have lost. You will be contacted if we are able to solve or make any significant progress in solving the case.

If you learn of any information which may assist in solving the case, but have not been contacted by a PBSO investigator, and the information is **not urgent**, please call the District phone number listed below between 8:30 A.M. and 5:00 P.M.

If this information is **urgent**, please call the Sheriff's office at the following locations: Boca Raton and Delray Beach area (561) 278-2644; Greater West Palm Beach area (561) 688-3000; Northern Palm Beach County (561) 688-3000; and the Belle Glade area (561) 996-1670.

Information communicated to this agency must be accompanied by the CASE REPORT NUMBER. Copies of most reports may be obtained at our Central Records Section, 3228 Gun Club Road, West Palm Beach, approximately seven to ten days after the date the crime was reported. Call Central Records at (561) 688-3140 for any inquiries regarding copies of reports. Note that certain investigations are not made available until the investigation is completed.

FOR INFORMATION REGARDING THE SERVICES AVAILABLE TO YOU AS A CRIME VICTIM OR WITNESS REFER TO THE REVERSE SIDE OF THIS FORM. If you have any further questions regarding these referral services, please contact the Palm Beach Sheriff's Office Victim/Witness Coordinator at (561) 688-3974.

AS A CRIME VICTIM/WITNESS YOU HAVE RIGHTS

1. To be informed of local victim treatment programs.
2. To be informed, present and heard at all crucial stages of the criminal or juvenile justice proceeding, and to be told how to participate in these proceedings.
3. To be informed about the availability of Victim Compensation.
4. To be protected from intimidation.
5. To submit a victim impact statement.
6. To seek restitution from the offender.
7. To be notified of scheduling changes.
8. To be informed of a confidential communication.
9. To be informed of proceedings when the offender is incarcerated.
10. To a prompt and timely disposition.
11. To be consulted by the State Attorney.
12. To be notified upon an escape of the offender from a state correctional facility by the State Attorney.
13. To request a victim advocate to attend depositions.
14. To be notified in advance, if possible, of the release of the offender.
15. To be notified of an arrest of an accused.