

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 # **P96000092915**

1. Corporation Name

RELK ENTERPRISES, INC.

Principal Place of Business

10408 NW 6TH ST
CORAL SPRINGS FL 33071

Mailing Address

10408 NW 6TH ST
CORAL SPRINGS FL 33071

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90031 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

65-0708731

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A JR.
2929 E COMMERCIAL BLVD. BARNETT BANK TWR.
PENTHOUSE STE A
FT LAUDERDALE FL 33308

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 **PTD** ☐ DELETE
NAME **ELKIN, JEFFREY**
STREET ADDRESS **10408 NW 6TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VSD** ☐ DELETE
NAME **ELKIN, KIM**
STREET ADDRESS **10408 NW 6TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

Date

954-346-8683

Daytime Phone #

CR2E034 (5/99)

Seaside Prestige Pool & Spa

596873-90031-10
P96000092915

9861 W. Sample Road
Suite 231
Coral Springs, FL 33065

Phone 954-346-8683
Fax 954-346-2737

July 13, 1999

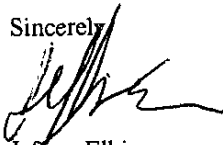
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom This May Concern;

I spoke with one of your representatives this A.M. at phone number 850-487-6059 option-2 and explained to them that I just received this second notice. I sent in the first notice and payment on 5/10/99 with check number 2658 in the amount of \$150.00. Apparently, the check and form was not recieved and is assumed lost in the mail. The representative with whom I spoke with this A.M. stated that if I include a letter with this form and another check in the amount of \$150.00 that the late fee will be waived.

Thank you in advance to your attention to this matter.

Sincerely,



Jeffrey Elkin
President