FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099018 (9)

R.K.M. LAKEVIEW, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



200 FIRST AVENUE NORTH #204 ST. PETERSBURG FL 33701		200 FIRST AVENUE NORTH #204 ST. PETERSBURG FL 33701			0.004.05
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				12/05/1996	
2. Principal P	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21 100	2nd Avenue South	_	nue South	59-3417556	Not Applicable
Sulte, Apt. 22 204 N	#, etc.	Suite, Apt. #, etc. 27 204 N		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	Petersburg, FL	28 St. Petersbu	rg, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	urrent year Intangible
24 33701		29 33701 3	O Pinellas	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent	Gel Name	10. Name and Address of New Registere	d Agent
MALOOF, RICHARD K					
	O FIRST AVENUE NORTH #204		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	. PETERSBURG FL 33701		63		
			84 City	F	L 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, typod or ponted name of registered agent		Registered Agent s gnature requ		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12 Change Addition
TITLE	D DICHARD K	☐ Nercit	1.1 TITLE		Citizalde Cityoningt
NAME OTOSET ADDRESS	MALOOF, RICHARD K 200 FIRST AVENUE NORTH #	204	1.2 NAME		
STREET ADDRESS	ST. PETERSBURG FL 33701	204	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	81. FETENSBURG FL 33/01	DELETÉ	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		(2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 THILE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		L. Change L. Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The exe	5.4 CITY - ST - ZIP	······································	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	partify that the information around a district	thin films done and exists to a	64 CITY-ST-ZIP	Continu 110 07/0)(i) Fig. 24 Continu 17 di	antifut had the information
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: Desharth Mala

4.20.98

813-895-2/50