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 # 1. Corporation Name P97000030850 (6)

RKR ENTERPRISES, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business 14820 RUE DE BAYONNE #406		Mailing Address 14820 RUE DE BAYONNE #406						
CLEARWATER	FL 34 622	CLEARWATER FL 34622			DO NO	T WRITE IN THIS	SPACE	
					3. Date incorporated or Q			
					04/03/1997			
a Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number		Ar	plied For
21 THIICIPAL T	ace of Dosarbas	26			59-344	15215	, 	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27		5, Certificate of Status De	sired 📙	Fee Re	1	
City & State		City & State		6. Election Campaign Fina	ncina	\$5.00	May Ba	
23		<u> </u>	28		Trust Fund Contribution	· –	Added 1	
Zip	Country	Z _i p	Country	/	8. This corporation owes of	or has paid the cu	rrent year Int	angible
24	25	29	30		Personal Property Tax of			X No
	9. Name and Address of Curr		1		10. Name and Address of	New Registered	Agent	
SCI	HECHT, NEIL S		81	Name R	ICHARD D. FLE	M12/45		
	9 W BAY TO BAY BLVD		82					
	NTHOUSE		02	1361	ddress (P.O. Box Number is Not A	BUE" D	R.	
	MPA FL 33629		83					
Tran	WINTE COSES		-	<u> </u>			or Zin	Codo
			84	City Th	g MPG	FL	_ 85 33	3618
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abov	e-named co	orporation submits this statement	for the purpose	of changing it	ts registered
office or re	egistered agent, or both, in the Stamman familiar with and accept the ob-	nte of Florida, Such change was	authorized by lorida Statute	y the corpor	ration's board of directors. I here	by accept the ap	pointment as	registered
-	Suchand X	· Henry	iorida diatoto	J.				
SIGNATURE	Signature, typed or punied hards of registered	ngent and title if applicable (NO	TE: Registered Ag	ent signature ret	quired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES	O OFFICERS AN	D DIRECTOR	1S IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	SCHWARTZ, ROBERT P		12 NAME					
STREET ADDRESS	409 BARBARA LANE		13 STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-1	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			-	Change	Addition
NAME	FLEMINGS, RICHARD		2.2 NAME					
STREET ADDRESS	12611 ORANGE GROVE DE	₹	2.3 STREE	1 ADDRESS				
CITY-ST-ZIP	TAMPA FL 33618	•	2. 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	ł				
STREET ADDRESS	1.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	·		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME	.				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY	ŀ				
TITLE		DELETE	6.1 TITLE		,		Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
	· ·		6.4 CITY -					
CITY-ST-ZIP	certify that the information supplier	d with this filing does not qualify			in Section 119.07(3)(i), Florida 5	Statutes. I further o	certify that the	e information

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 oade u

10 APRIL