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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90160 007 \*\*\*150.00

## DOCUMENT # P97000100632

RK ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 5828 FISHERMAN'S DRIVE 5828 FISHERMAN'S DRIVE **BRADENTON FL 34209 BRADENTON FL 34209** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0795249 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEPHEN F. VOIGHT, P.A. Street Address (P.O. Box Number is Not Acceptable) 2414 BEE RIDGE RD SARASOTA FL 34239 83 84 City Zip Code 85 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition KAKARALA, RANGA NAME 12 NAME 1570 N LOCKWOOD RIDGE RD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change Addition

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CJTY- ST- ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/99 (94) 955-3446

CR2E034 (11/98)