
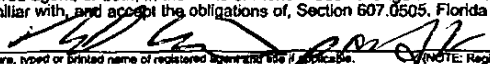


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90088 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000007776			
1. Corporation Name SRKM, INC.			
Principal Place of Business THEEREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131		Mailing Address THEEREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131	
2. Principal Place of Business 21 Fred Chikovsky Suite, Apt. #, etc. 22 1720 Harrison St. City & State 7th Floor 23 Hollywood, FL Zip 33020 25 USA		26 Mailing Address 27 1720 Harrison St. Suite, Apt. #, etc. 28 7th Floor City & State Hollywood, FL Zip 33020 30 USA	
9. Name and Address of Current Registered Agent ROSE, LEO JR. THEEREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1720 Harrison St. 84 City 7th Floor Hollywood FL 85 Zip Code 33020	
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  DATE 4/20/99			
12. OFFICERS AND DIRECTORS			
1.1 TITLE D <input type="checkbox"/> DELETE			
1.2 NAME CHIKOVSKY, FRED			
1.3 STREET ADDRESS 1720 HARRISON STREET			
1.4 CITY-ST-ZIP HOLLYWOOD FL 33020			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P-T-UP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME Fred Chikovsky			
1.3 STREET ADDRESS 1720 Harrison St 7th Floor			
1.4 CITY-ST-ZIP Hollywood, FL 33020			
2.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME Carole Diamond			
2.3 STREET ADDRESS 1720 Harrison St 7th Floor			
2.4 CITY-ST-ZIP Hollywood, FL 33020			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Carole Diamond
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Carole Diamond

Date

4/20/99

Daytime Phone #

954-920-4438

CR2E034 (11/98)