Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90050 025 ***150.00

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

DOCUMENT # **P98000058899**

THREE K ENTERPRISES, INC.					
				4	
Principal Place	e of Business	Mailing Address			
20301 SW 296TH ST 20301 SW 296TH ST					
HOMESTEAD FL 33030 HOMESTEAD FL 33030				DO NOT WOITE IN THE	o crace
				DO NOT WRITE IN THIS	5 SPACE
				3. Date Incorporated or Qualifed 07/02/1998	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		165-0847594	Not Applicable
Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22		27		,	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29 3	0	Personal Property Tax.	Ŭ Yes K No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	l Agent
¥∧ T €	EQ IOHN E ID		81 Name	•	
KATES, JOHN E JR 20301 SW 296TH ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
HOMESTEAD FL 33030			83		
			84 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes	the above-named corp	poration submits this statement for the nurnose of	of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the appo	intment as registered
	m familiar with, and accept the obligati	10115 OI, DECOROTI COT.00003, FISH	ia Glaiotes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature require		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D COUNT ID	☐ DELETE	1.1 TITLE		Change Addition
NAME	KATES, JOHN E JR		1.2 NAME		
STREET ADDRESS	20301 SW 296TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030	□ pc.rrr	1.4 CITY-ST-ZIP		Change Addition
TITLE	D CATED FORM E III	☐ DELETE	2.1 TITLE	•	□ Cliange □ Addition
NAME	KATES, JOHN E III		2.2 NAME		
STREET ADDRESS	20301 SW 296TH ST		2.3 STREET ADDRESS	,	
CITY-ST-ZIP	HOMESTEAD FL 33030	□ DELETE	2. 4 CITY-ST-ZIP		. Change Addition
TITLE	KATES, JEFF A	€ DELETE	3.2 NAME	•	
NAME	20301 SW 296TH ST		3.3 STREET ADDRESS		
STREET ADDRESS	HOMESTEAD FL 33030				,
CITY-ST-ZIP	TIOMESTERD TE 33030	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4. 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
İ			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		—	5.2 NAME	•	
STREET ADDRESS.			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 at other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP