04201999-90265-045-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072082

1. Corporation Name
VK GROUP CORPORATION

Principal Place of Business	Mailing Address
~~275 116TH AVENUE~~ ~~TREASURE ISLAND FL 33706~~	~~275 116TH AVENUE~~ ~~TREASURE ISLAND FL 33706~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1998

2. Principal Place of Business	2a. Mailing Address
21 12 Treasure lane	26 12 Treasure lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Treasure Island, Fl.	City & State 28 Treasure Island, Fl.
Zip 24 33706 Country 25	Zip 29 33706 Country 30

4. FEI Number: 59-3[illegible]28 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~340 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: H & R Block Premium
82 Street Address (P.O. Box Number is Not Acceptable): 9550 US Hwy 19
83
84 City: Port Richey FL 85 Zip Code: 34668

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: Michelle Ward 4-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SHEHATA, KAMAL ~~275 116TH AVENUE~~ 12 Treasure lane TREASURE ISLAND FL 33706	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD SHEHATA, VENUS ~~275 116TH AVENUE~~ 12 Treasure lane TREASURE ISLAND FL 33706	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: Venus A. SHEHATA VENUS A. SHEHATA 3/31/99 727-360-67[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AU