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 # **P98000080302**1. Corporation Name

4K INC.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90241 036 ***150.00



|--|--|

Principal Place of Busine	ss	Mailing Address				((B)((B) ((0)5(8) (5))(24(1) 34(1) 34(1) 34(1) 34(1) 34(1) 34(1) 34(1)		
8631 SAND LAKE SHORES DR. ORLANDO FL 32936 8631 SAND LAKE SHORES DI ORLANDO FL 32936			ES DR.	R.		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 09/08/1998		
Principal Place of Bus	siness	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	Country		8. This corporation owes the current year Intangible		
32836	25	29 32836	30			Personal Property Tax. Yes 21No		
9. Nam	e and Address of Curren	t Registered Agent		04	N1	10. Name and Address of New Registered Agent		
V4.0EL 11.1D.D	71.4			81	Name			
Kagel, Judith A 8631 Sand Lake Shores Dr.				82	Street A	Address (P.O. Box Number is Not Acceptable)		
orlando fl	32936			83				
				84	City	FL 85 Zip Code 32 83 4		
office or registered a	agent or both in the State (2 and 607.1508, Florida Stat of Florida. Such change was tions of, Section 607.0505, F	authorize	ea by	-named of the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE (100h CI KRU	ue				3-6-89		
Signature, typ	ed or printed name of registered agen				signature re	required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE		TITLE		JUDITH A. KAGEL BESS SAND LAKE SHOKES DR.		
NAME				NAME		BLOS SMIN LAKE SHORES DR.		
STREET ADDRESS						0031 37/1013		
CITY-ST-ZIP				CITY-S1	-ZiP	ORLANDO, FL 32836		
TITLE		☐ DELETE		TITLE		C) Shorings		
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE		TITLE		Solitality System		
NAME				NAME		j		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE		TITLE		C) Olibilide		
NAME				NAME				
STREET ADDRESS			5		ADDRESS			
CITY-ST-ZIP				CITY-S	-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE		TITLE		Change Modition		
NAME				NAME		<u> </u>		
STREET ADDRESS			- 1		ADDRESS	·		
CITY-ST-ZIP				CITY-S	-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE		TITLE		☐ Change ☐ Addition		
NAME				NAME				
STREET ADDRESS					ADDRESS	1		
CITY-ST-ZIP			6.4	CITY-S	Γ-Z)P			

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: