PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9900000133

1. Corporation Name

R.K.B. ASSOCIATES INC.

Mailing Address

66 N ATLANTIC AVE STE 204

66 N ATLANTIC AVE STE 204

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90049 044 ***158.75



COCOA BEACH FL 32931		COCOA BEACH FL 32931			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 12/31/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			65-088 7057	No	t Applicable
	# _{i,} etc.,	Suite, Apt. #, etc.			5. Certificate of Status Desired	ed \$8.75 Additional . Fee Required	
City & Sta	te	City & State		· ·	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country 25	Zip 29 3	Country 30		This corporation owes the current ye Personal Property Tax.	ar Intangible	≨ Ño
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent	
			81	Name			
BARCANT, RICHARD K				82 Street Address (P.O. Box Number is Not Acceptable)			
66 N ATLANTIC AVE STE 204				Silver Address (F.O. Box Mulliber is Not Acceptable)			
coc	OA BEACH FL 32931		83				•
			84	,	poration submits this statement for the purpo	FL	Code
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: I	Registered Ager	wy. F.	red when reinstating) DA		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	PVST	☐ DELETE	1.1 TITLE			[] Change	[_] Addition
NAME	BARCANT, RICHARD K		1.2 NAME				
STREET ADDRESS			1.3 \$TREE				
CITY-ST-ZIP	COCOA BEACH FL 32931	☐ DELETE	1.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE	D BARGANT BIOLIAND K	C. DELETE	2.1 TITLE	-		[] Criange	
NAME	BARCANT, RICHARD K		2.2 NAME				
STREET ADDRESS	1 1000		2.3 STREE				
CITY-ST-ZIP	COCOA BEACH FL 32931	□ DELETE	2.4 C/TY-5 3.1 TITLE	87-ZIP		Change	Addition
NAME			3.2 NAME		EVIN BARCANT		_
STREET ADDRESS			3.3 STREE		33 MITIGHA DR		
CITY-ST-ZIP			3.4. CITY-S		DLOA BEACH PL 32	# E ;	
TITLE		☐ DELETE	4.1 TITLE) - ZIF	Date:	Change	Addition
NAME			4. 2 NAME	1	IAREN BARCANT		•
STREET ADDRESS			1	ADDRESS 2	33 ANTIGUA DE		
CITY-ST-ZIP	ή		4.4 CITY+S			32931	
TITLE	 	DELETE	5.1 TITLE	, , , , , , , , , , , , , , , , , , ,		Change	Addition
NAME		-	5.2 NAME			_	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	Ί		5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE	-	·	[] Change	Addition
NAME		_	6.2 NAME			-	•
STREET ADDRESS			6.3 STREET	ADDRESS			
SINCE! ADDRESS	'						

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

SIGNATURE:

407 - 784 -6602

Daytime Phone #