

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90183 021 ***150.00

DOCUMENT # S06115

1. Corporation Name
T.K. INVESTMENTS & MANAGEMENT, INC.

Principal Place of Business
2432 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
2432 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1990

2. Principal Place of Business
21 6915 Red Road
Suite, Apt. #, etc.

2a. Mailing Address
26 6915 Red Road
Suite, Apt. #, etc.

4. FEI Number
65-0246631
Applied For
Not Applicable

22 220
City & State

27 220
City & State

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

23 Coral Gables FL
Zip Country

28 Coral Gables FL
Zip Country

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

24 33143 25 USA

29 33143 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUKKAR, MAZEN M. ESQUIRE
2432 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
Toni H. Alam, C.P.A.
6915 Red Road, Suite 220
Coral Gables FL 33143

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 Toni H. Alam, C.P.A.

DATE 4/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MAZEN, SUKKAR
STREET ADDRESS 2432 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33024

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME FASSI, T L
STREET ADDRESS 5111 PINETREE DR
CITY-ST-ZIP MIAMI BCH FL 33140

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
Toni H. Alam
6915 Red Road, Suite 220
Coral Gables, Fl 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0137329