FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31369

(9)

T. K. SERVICES, INC.

FILED	
May 15 1998 8	3:00am
Secretary of S	State

813-876-3266

V						
Principal Place of Business Ma		Mailing Address			'IŞ ĞIĞIN BEBIL DIBIL BIDIN BIDIN IBBI	
4021 NORTH ARMENIA AVE. SUITE 102 TAMPA FL 33607 US		4021 NORTH ARMENIA A SUITE 102 TAMPA FL 33607 US	VE.	DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a, Mailing Address		02/08/1991 4. FEI Number	Applied For	
21		26		59-3033037	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Ζφ	Country	8. This corporation owes or has paid t		
24	25	29	30	Personal Property Tax due June 30		
	9. Name and Address of Cur	rent Registered Agent	941 1	10. Name and Address of New Regis	tered Agent	
	PELOVICH, TOMER		81 Name			
	1 NORTH ARMENIA AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	TE 102		83			
IAN	IPA FL 33607		04 04		85 Zip Code	
			84 City		FL	
office or re agent. Lar SIGNATURE	egistered agent, or both, in the St n familiar with, and accept the ob	ate at Florida. Such change was lightions of, Section 607.0505, Fl	authorized by the corpora orida Statules.	poration submits this statement for the purp ation's board of directors. I hereby accept the	ne appointment as registered	
	Signature typed or pointed name of registered		Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE DIRECTORS IN 12	
12.	D	AND DIFFECTORS DELETE	13. 1.1 TUTLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	KOPELOVICH, TOMER		12 NAME			
STREET ADDRESS	4021 NO. ARMENIA AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1 4 CITY - ST - ZIP			
THTLE		DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition	
THLE			3.2 NAME			
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELFTE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY · S1 · ZIP 6.1 TITLE		Change Addition	
TITLE			6.2 NAME		المرابعة الم	
NAME STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
## I boroby c	certify that the information supplied	d with this filing does not qualify	for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I fur	ther 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.						

TOMET MOPECONICH