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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

S43937

(9)

R.K.L. HOLDING COMPANY

Principal Place of Business	Mailing Address	
C/O ROBERT LETTERIO 14128 SNEAD CIRCLE ORLANDO FL 32837	C/O ROBERT LETTERIO 14128 SNEAD CIRCLE ORLANDO FL 32837	



Principal Place								
	Of Business	Mailing Address						
	RT LETTERIO	C/O ROBERT						
14128 SNE		14128 SNEAD ORLANDO FL						
ORLANDO	FL 32837	UKLANDO FL	32031			3. Date Incorporated or Qualified	3a. Date of La	
						04/09/1991	1 06/2	9/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	SS			4. FEI Number		Applied For
21		26				59-3058444		Not Applicable
Suite, Apt. #	#, elc.	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired	1 1	3.75 Additional
22		27						Fee Required
City & State)	City & State				6. Election Campaign Financing		5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	intangible tax und	ders 199.032,
4	25	29	30				□No	
	Name and Address of Curren	t Registered Agent				10. Name and Address of New R	legistered Agen	<u> </u>
	,			81	Name			
LETTE	RIO, ROBERT V.			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ile)	
	SNEAD CIRCLE							
	NDO FL 32821			83				
Oncou	100100001			84	City		85	Zip Code
					" "		F L.	
11 Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida	Statutes, the	e above-r	named corpora	ation submits this statement for the pu	rpose of changin	g its registered office
ar rapiatar	rod nagot ar both in the State At FIGG	aa isuch change was a	UINOREGI DV	the corp	oration's boar	d of directors. I hereby accept the app	ointment as regis	stered agent. I am
familiar wi	ith, and accept the obligations of, Secti	ion 607.0505, Florida 5	itairii oo .					
SIGNATURE	Signature typed or printed name of registered agont	and title if sublicable.	NOTE FIGE	uistered Ager	nt signature required	d when reinstating)	DATE	
12.	OFFICERS AN		· ·	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	
	DD	f"1 prin	T /				{~~ 0±	nange 🗀 Addition
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TITLE	DP ROBERT V	["] ntre	IE.	1. 1 TITLE 1.2 NAME			L., U	ia ige Li Addition
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of this arrival report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name hanged, or on an attachment with an address.