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 # S69650

RGK ENTERPRISES, INC.

FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									
S	200 n. Federal Hwy Hite 200 Hoga Raton Fl 33432	SUITE 200	1200 N. FEDERAL HWY SUITE 200 BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1991				
2.	Principal Place of Business	2a. Mailing Address			•	4. FEI Number	Applied For		
21		26				65-0278304	Not Applicable		
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #,	Suite, Apt. #, etc.			Certificate of Status Desired			
		City & State				6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
24	Zip Country 25	Zip 29				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	HRAWG CORP.			81	Name				
2000 GLADES ROAD SUTIE 400					Street Address (P.O. Box Number is Not Acceptable)				
	BOCA RATON FL 33431			83					
				84	City	Fl	85 Zip Code		
11	 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the 	7.0502 and 607.1508, Florid State of Florida, Such chan	da Statutes, the a	bove d by	named corp the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent and life		Registered Agent signature requir	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	Change Additio
NAME	KRIEGER, ROSEMARY G.		1.2 NAME	
STREET ADDRESS	6699 NW 2ND AVE #110		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Additio
NAME	KRIEGER, BENJAMIN W.		22 NAME	
STREET ADDRESS	6699 NW 2ND AVE #110		2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY+ST-ZIP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Additio
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Additio
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		·····	5.4 DITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
04TV 07 7H0			6 4 6 TV 67 7/0	

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.

561-362-8700