


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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90003 040 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S90530

1. Corporation Name
R.K. BAKER ENTERPRISES, INC.

| | |
|--|---|
| Principal Place of Business 3350 NORTHWEST 22ND TERRACE SUITE 500B POMPANO BEACH FL 33069 US | Mailing Address POST OFFICE BOX 8377 CORAL SPRINGS FL 33075 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 1128 S. POWERLINE ROAD Suite, Apt. #, etc. 22 City & State 23 DEERFIELD BEACH, FL Zip Country 24 33442 25 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 |
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| | | |
|---|--|--|
| 3. Date Incorporated or Qualified 10/28/1991 | 4. FEI Number 65-0301061 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BAKER, ROBERT A. III
 3350 NORTHWEST 22ND TERRACE
 SUITE 500B
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name ROBERT A. BAKER, III |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1128 S. POWERLINE ROAD |
| 83 DEERFIELD BEACH, FL 33442 |
| 84 City FL |
| 85 Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, ROBERT A. III | |
| STREET ADDRESS | 3350 NORTHWEST 22ND TERRACE, SUITE 500B | |
| CITY-ST-ZIP | POMPANO BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROBERT A. BAKER, III | |
| 1.3 STREET ADDRESS | 1128 S. POWERLINE ROAD | |
| 1.4 CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: 2/8/99 DAYTIME PHONE #: 954-725-7551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)