FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:37

DOCUMENT # S96542 (3)

1. Corporation Name
S.R.K. PROPERTIES, INC.

Principal Place of Business	Mailing Address
2139 A CARLTON DR. ORLANDO FL 32806	2139 A CARLTON DR. ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1991
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 1433 CIRCLE LANE
22: Suite, Apt. #, etc.
23: City & State: CHULUOTA FLA
24: Zip: 32766
25: Country: USA

2a. Mailing Address
26: 1433 CIRCLE LANE
27: Suite, Apt. #, etc.
28: City & State: CHULUOTA FLA
29: Zip: 32766
30: Country: USA

4. FEI Number: 59-3013688 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPLAN, STEVEN R
2139 A CARLTON DRIVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1433 CIRCLE LANE
83 City: CHULUOTA FL
84 FL 85 Zip Code: 32766

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 where applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☑ Change ☐ Addition
NAME	KAPLAN, STEVEN R.	12 NAME		
STREET ADDRESS	1501 E. WASHINGTON ST	13 STREET ADDRESS	1433 CIRCLE LANE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	KAPLAN, STEVEN R.	22 NAME		
STREET ADDRESS	1501 E. WASHINGTON ST	23 STREET ADDRESS	1433 CIRCLE LANE	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	CHULUOTA FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 2/8/95 (407) 365-0919
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone

0057245 CP