**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>V049</b> ( Name RK FULFILLMENT, INC.	89 (2)			<u> 1847 8184 8184 8184 8184 8</u> 184 8184 8184 818
Principal Place of Business		Maling Address			
6801 NW 14TH STREET SUITE 2 PLANTATION FL 33313		6601 NW 14TH STREET SUITE 2 PLANTATION FL 33313			
	· · · · · · · · · · · · · · · · · · ·	TOWNTON PE SOUT		3. Date incorporated or Qualified 01/08/1992	3a. Date of Last Report 04/26/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for in	
24	25   9. Name and Address of Curr		30	Florida Statutes Yes	
	g, Name and Address of Curr	ent negistered Agent	81 Name <	10. Name and Address of New Re	gistered Agent
MIDMONOM ANOMARI				Steve M. Ketover Address (P.O. Box Number is Not Acceptable)	
	V 14TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable 29 Stepting Road	9)
SUITE 2			83 C	1. 201	
PLANȚĂ:	TION FL 33313		84 City	re col	85 Zip Code
44 0	4	00 100 100 5	E+.1	ouderdale	FL     33311
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig	02 and 607.1508, Florida Statutes orida. Sugb etainge was authorized	, the above named corpor by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office intruent as registered agent. Laim
	h, and account the obligations of so	tion 607 0505. Thorida Statutes.		,	
SIGNATURE 🖊	Skyr ature, typed or profed harve of neurolated ag	ortalional at a concatoir (N°TE	Registered Agent signature regions	ally Sair paristation	[14]
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TATLE	PD	☐ DELETE	1 11TLF		Change Addition
NAME	KIRKOVICH, MICHAEL	_	1.2 NAME		
STREET ADDRESS	6601 NW 14TH STREET #3 PLANTATION FL	2	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PLANIATION PL	☐ DELETE	1.4 C/TY-ST-Z/P 2.1 T/TLF		Change Addition
NAME		C Decem	2 2 NAME		Change
STREET ADDRESS			2 3 STREET ADDRESS		
C!TY - ST - ZIP			2.4 C-TY - ST- ZIP		
TITLE		DELETE	3 1 Tilt E		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	3.4 City - ST - ZiP 4. 1 Title		Chyon D Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
THTLE		☐ DELETE	5 1 TITLE P	10000186	Addition
NAME			5.2 NAME	10000186 -07/05/96010	32021
STREET ADDRESS			5 3 STREET ADDRESS	***200.00	
CITY-ST-ZIP		Flores	5 4 CITY - ST - ZIP		····
TITLE		DELETE	€ 1 TITLE	The state of the s	Change Addition
NAME STREET ARRESS			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS	17, 39	
CITY-ST-ZIP 14. I do hereby	y certify that the information supplie	d with this filing is voluntarily furnis	6 ¢ 0 (1 y - ST - ZIP) hed and does not qualify f	or the exemption stated in Section 119.0	7(3)(k) Florida Stalutos I further
certry that I oath, that I	ine intormation indicated on this ar	inual report or supplemental annua peration or the receiver or trustee	il report is true and accura empowered to execute thi	ato and triat my signature shall have the sis report as required by Chapter 607, Flo	consolo solo effect on it manual, and all. 1.1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

305-321-0555