

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V37681 (6)**
1. Corporation Name
RCRK, INC.



Principal Place of Business: **15023 CARLTON LAKE RD. LITHIA FL 33547**
Mailing Address: **P.O. BOX 223 BALM FL 33503**

3. Date incorporated or Qualified: 05/20/1992	3a. Date of Last Record: 01/19/1995
4. FEI Number: 59-3125481	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

g. Name and Address of Current Registered Agent

**COLLINS, ROGER S.
15023 CARLTON LAKE RD.
LITHIA FL 33547**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL
84. City	

11. Pursuant to the provisions of Sections 607.0102 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 tender with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

P	<input type="checkbox"/> DELETE
NAME: COLLINS, ROGER S.	
STREET ADDRESS: 15023 CARLTON LAKE RD. LITHIA FL	
CITY-STATE-ZIP: V	
NAME: NG, PAK CHOY	<input type="checkbox"/> DELETE
STREET ADDRESS: 674 NW 122ND PASSAGE MIAMI FL	
CITY-STATE-ZIP: S	
NAME: NG, SUE YE	<input type="checkbox"/> DELETE
STREET ADDRESS: 674 NW 122ND PASSAGE MIAMI FL	
CITY-STATE-ZIP: T	
NAME: COLLINS, CHIN MEI	<input type="checkbox"/> DELETE
STREET ADDRESS: 15023 CARLTON LAKE RD. LITHIA FL	
CITY-STATE-ZIP: T	
NAME: _____	<input type="checkbox"/> DELETE
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
NAME: _____	<input type="checkbox"/> DELETE
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
7. 3. STREET ADDRESS	
8. 4. CITY-STATE-ZIP	
9. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 2. NAME	
11. 3. STREET ADDRESS	
12. 4. CITY-STATE-ZIP	
13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 2. NAME	
15. 3. STREET ADDRESS	
16. 4. CITY-STATE-ZIP	
17. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 2. NAME	
19. 3. STREET ADDRESS	
20. 4. CITY-STATE-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)(k), 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 to an address.

SIGNATURE: *Roger S. Collins* **ROGER S. COLLINS, P** DATE: **2/7/96** TELEPHONE NUMBER: **813 634-1528**

CR2E034 (12/95)