

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V61630 (2)
 1. Corporation Name
PKP ENTERPRISES, INC.

Principal Place of Business P.O. BOX 3527 SPRING HILL FL 34606	Mailing Address P.O. BOX 3527 SPRING HILL FL 34606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1992	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 59-3143700	Applied For <input type="checkbox"/> Not Applicable
23 Zip 34611	25 Country	29 Zip 34611	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

NOVAK PETER F. JR.
13359 COOPER RD.
SPRING HILL FL 34609

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

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 Phyllis V. Novak DATE 2-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS NOVAK, PHYLLIS V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, PHYLLIS V	1.2 NAME	
STREET ADDRESS	13359 COOPER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	
TITLE	VT NOVAK, PETER F JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, PETER F JR	2.2 NAME	
STREET ADDRESS	13359 COOPER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Phyllis V. Novak Phyllis V. NOVAK 2-5-98 352-686-0208

CFR2034 (1097)