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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **329200** **(0)**

1. Corporation Name

**KAYJO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 71 HARBOR DR.<br>KEY BISCAYNE FL 33149 | 166 HARBOR DRIVE<br>6<br>KEY BISCAYNE FL 33149 |

3. Date Incorporated or Qualified: **04/23/1968**

3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business (21): 

Suite, Apt. #, etc. (22): 

City & State (23): 

Zip (24): Country (25): 

2a. Mailing Address (26): 

Suite, Apt. #, etc. (27): 

City & State (28): 

Zip (29): Country (30): 

4. FEI Number: **59-1219280** ☐ 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

**PUYANIC, MAX D**
**51 SW NINTH ST.**
**MIAMI FL 33149**

10. Name and Address of New Registered Agent

81 Name: Kenneth M. Lancaster CPA.

82 Street Address (P.O. Box Number is Not Acceptable): 50 W. Magnolia Drive, Suite 6

83 

84 City: Key Biscayne **FL** 85 Zip Code: 33149

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: X Kenneth M. Lancaster CPA DATE: 2-22-96

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RICE, MICHAEL C | | 1.2 NAME | | |
| STREET ADDRESS | 325 REDWOOD LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RYAN, ROBIN J | | 2.2 NAME | | |
| STREET ADDRESS | 1470 LAKEVIEW ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EUSTIS FL 32726 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TIWARI, LESLIE | | 3.2 NAME | | |
| STREET ADDRESS | 1717 N. BAYSHORE DRIVE, APT. 2538 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33132 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RHEW, PRISCILLA J | | 4.2 NAME | | |
| STREET ADDRESS | 2610 BIRD AVE. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCUNUT GROVE FL 33133 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RHEW, EDWIN E | | 5.2 NAME | | |
| STREET ADDRESS | 1115 BROOKVIEW DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRENTWOOD TN 37027 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RHEW, RUSSELL | | 6.2 NAME | | |
| STREET ADDRESS | 4024 NESTLEDOWN DR. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FRANKLIN TN 37064 | | 6.4 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)(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 with an address.

**SIGNATURE:** Michael C. Rice 1-15-96 305-370-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)