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 MAR 29 PM 2:03

DOCUMENT # **392973** **(4)**

1. Corporate Name
K-RAIN MANUFACTURING CORPORATION

Principal Place of Business
1640 AUSTRALIAN AVE.
RIVIERA BCH FL 33404

Mailing Address
1640 AUSTRALIAN AVE.
RIVIERA BCH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1971**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-1371307** ☐ 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

KAH, CARL L.C., JR.
1640 AUSTRALIAN AVE.
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MARX, GRETCHEN K.	12 NAME		
STREET ADDRESS	778 LAKESIDE DR	13 STREET ADDRESS		
CITY ST ZIP	N PALM BCH., FL 00000	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	AVIS, DEBORAH K.	22 NAME		
STREET ADDRESS	778 LAKESIDE DR	23 STREET ADDRESS		
CITY ST ZIP	N PALM BCH., FL 00000	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KAH, C L C III	32 NAME		
STREET ADDRESS	778 LAKESIDE DR	33 STREET ADDRESS		
CITY ST ZIP	N PALM BCH., FL 00000	34 CITY ST ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	KAH, CARL L C JR	42 NAME		
STREET ADDRESS	778 LAKESIDE DR	43 STREET ADDRESS		
CITY ST ZIP	N PALM BCH., FL 00000	44 CITY ST ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	KAH, SHIRLEY J	52 NAME		
STREET ADDRESS	778 LAKESIDE DR	53 STREET ADDRESS		
CITY ST ZIP	N PALM BCH., FL 00000	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 declare, I 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: Shirley J. Kah 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
SHIRLEY J. KAH.

411 SW 11th Ct
Daytime Phone #

0344330 CP