

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90041 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 616437

1. Corporation Name
KAUFF'S OF MIAMI, INC.



Principal Place of Business Mailing Address
 2435 ALI BABA AVE 1416 10TH CT
 OPA LOCKA FL 33054 LAKE PARK FL 33403-2007
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 7704 Basswood Drive 26 7704 Basswood Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Chattanooga, TN 28 Chattanooga, TN
 Zip 37416 Country USA Zip 37416 Country USA
 24 25 29 30

3. Date Incorporated or Qualified
04/04/1979
 4. FEI Number Applied For
59-2592825 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MARION, MICHAEL W
 2435 ALI BABA AVE
 OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
 82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 83
 84 City **Tallahassee** FL 85 Zip Code **32301**

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 April L. Roberts April L. Roberts, Authorized Representative for 3/26/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOURLEY, ANTHONY W.	
STREET ADDRESS	3500 S.W. 32ND ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUNDY, ERICH J	
STREET ADDRESS	11201 SW 55TH ST #13	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARION, MICHAEL W	
STREET ADDRESS	641 SW 99TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KAUFF, W. HOWARD	
STREET ADDRESS	5660 WAR ADMIRAL RD	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, JANET I.	
STREET ADDRESS	15400 CONNERS HWY SW	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony W. Gourley	
1.3 STREET ADDRESS	2435 Ali Baba Avenue	
1.4 CITY-ST-ZIP	OPA LOCKA FL 33054	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Munnord	
2.3 STREET ADDRESS	7704 Basswood Dr.	
2.4 CITY-ST-ZIP	Chattanooga TN 37416	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eric M. Wexler	
3.3 STREET ADDRESS	7704 Basswood Dr.	
3.4 CITY-ST-ZIP	Chattanooga TN 37416	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas A. Kaye	
4.3 STREET ADDRESS	7704 Basswood Dr.	
4.4 CITY-ST-ZIP	Chattanooga TN 37416	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jeffrey I. Badgley	
5.3 STREET ADDRESS	8503 Hilltop Dr.	
5.4 CITY-ST-ZIP	Okeewah TN 37363	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: W. Howard Kauff 4-1-99
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)