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

PROFIT CORPORATION ANNUAL REPORT, 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001957 1. Corporation Name

KEMPLE, INC.

		_	
Principal	Place	of	Business

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90026 043 ***150.00



Principal Place	cipal Place of Business Mailing Address							
106 E. BUSCH BLVD 2106 E. BUSCH BLVD AMPA FL 33612 TAMPA FL 33612								
			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
	•				1 7 7		l	
	· ·			<u>.</u>	04/19/1996 4. FEI Number	Ar	plied For	
Principal Place of Business 2a. Mailing Address						t Applicable		
1	26			34-1708674	\$8.75			
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	I		
2 27								
City & State City & State				6. Election Campaign Financing S5.00 May B Trust Fund Contribution Added to Fee				
<u></u>		28			Trust 1 and Contains			
Zip	Country	— ·	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.			
4	25	29	30		10. Name and Address of New Regist			
	9. Name and Address of Curr		8	1 Name	10. Maine and Address of New August	<u> </u>		
0.17							<u> </u>	
	EL, SATISH R		. 8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	٠		
	B E. BUSCH BLVD		L		The state of the s	135- 38.5° Bin 18-r	354 53: 34	
TAM	PA FL 33612		8:	3	・ 「・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
,	,		8	4 City		85 Zip	Code	
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11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing its	egistered	
office or t	registered agent, or both, in the Stammar familiar with, and accept the ob-	ate of Florida. Such change was a ligations of Section 607,0505. Flo	iutnorized b orida Statute	y the corporati	on's board of directors. I ficiely dosept the			
	im familiai vylii, arty accessio)			i	116199	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTI	Registered Ag	ent signature require	ed when reinstating) ' DA			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	CPSD	☐ DELETE	1.1 TITLE	·		☐ Change	☐ Addition	
NAME	PATEL, SATISH R		1.2 NAM	E \	•			
STREET ADDRESS	ALAN E BUIGOU BUIG		1.3 STRE	ET ADDRESS				
	TAMPA FL 33612		1.4 CITY	-ST-ZIP	•			
CITY-ST-ZIP	TD	☐ DELETE	2.1 TITLE	E .	- 	☐ Change	☐ Addition	
	PATEL, SONAL S		2.2 NAM	E				
NAME '	ALAN E BUIGOU BUYO		2.3 STRE	EET ADDRESS		. 1		
STREET ADDRESS				-ST-ZIP				
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NAME .	Į.		5.2 NAM	1	•		-	
STREET ADDRESS	s			EET ADDRESS				
CITY-ST-ZIP	0.256			(-ST-ZIP	<u> </u>		Addition	
TITLE	FARL DESIGNATION .	☐ DELETE	6.1 TITL	E		☐ Change	. Haddingu	
NAME	· 经确定证据的 == ==		6.2 NAM	4E				
			0.2 /0 0.	" <u> </u>				
STREET ADDRES	11/42 12 27 3			EET ADDRESS	•			

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: