

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 30 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **G90889 (8)**  
1. Corporation Name  
**KANYO CORP.**

Principal Place of Business Mailing Address  
**6650 NW 41ST ST. CORAL SPRINGS FL 33067 US**

3. Date Incorporated or Qualified  
**02/10/1984**

4. FEI Number  
**59-2386734**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **6351 San Michel Way** 26 **6351 San Michel Way**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State **Delray Beach, FL** 27 City & State **Delray Beach, FL**  
24 Zip **33484** Country 29 Zip **33484** Country 30

9. Name and Address of Current Registered Agent  
**KORN, GARY A  
20903 BISCAYNE BLVD.  
SUITE 200  
AVENTURA FL 33180**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**100002604571-5**  
83 **-07/31/98-01094-022**  
84 City **\*\*\*\*150.00 \*\*\*\*150.00**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	1.2 NAME	
STREET ADDRESS	6650 NW 41ST ST.	1.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	2.2 NAME	
STREET ADDRESS	6650 NW 41ST ST.	2.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	3.2 NAME	
STREET ADDRESS	6650 NW 41ST ST.	3.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, STEVEN	4.2 NAME	
STREET ADDRESS	6650 NW 41ST ST.	4.3 STREET ADDRESS	6351 San Michel Way
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 *[Signature]* 6-30-98

CR2E034 (10/97)

*7/30/98*