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**PROFIT CORPORATION** ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H24176**

1. Corporation Name

KAUTTER MANAGEMENT GROUP, INC.

			,					
Principal Place of Business Mailing Address						4 (MB)B)) and sign disp, is no the min man	'i fillst eren eren e	
222 S. WESTMONTE DR., STE. #101 222 S. WESTMONTE DR., STE.			R., STE, #10	t	•			
P. O. BOX 150127 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127 ALTAMONTE SPRINGS FL 32715			EL 2071E-712	15.7197		DO NOT WRITE IN TH	IIS SPACE	
ALTAMONTE SPRINGS FL 32715-7127 ALTAMONTE SPRINGS FL 327			FL 32/13-/12	115-1121		3. Date Incorporated or Qualifed		
		,				10/01/1984		İ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-2473653		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>~</b>	Additional equired
22		27						
City & State		· City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
23	Country	Zip	Cou	ıntry				IO FEES
Zip	Country	<u> </u>	30	ино у		This corporation owes the current year     Personal Property Tax.	∏ Yes	□No
24	9. Name and Address of Currer	29 Agent	[30]			10. Name and Address of New Registers		
	5. Name and Address of Carre	it Neglatered Agent		81 1	Name			
KAUT	iter, willard s.				54 A A d d	(D.O. Day Number in Not Appartable)		
222 S. WESTMONTE DR., STE. #101				82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ALTA	MONTE SPRINGS FL 32714			83				
				84 (	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the a	bove-n	amed corpo	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change wa	as authorized	าเทาเทย	e corporation	n's board of directors. I hereby accept the app	ontment as re	igisiered
	Trialman was, and doopt are oblige							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (h	NOTE: Registered	Agent si	gnature required	when reinstating) DATE		
12.		ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 Addition
TITLE	DP						□ change	
NAME	KAUTTER, WILLARD S.		1.2 N					
STREET ADDRESS	460 COLUMBUS CIR.		1.3 S	TREET AC	DRESS			
CITY-ST-ZIP			ITY-ST-Z	JP		[☐ Change	( Addition	
TITLE	D DELETE 21T					[_] Change	C Addition	
NAME	KAUTTER, MARTINE E.		2.2 N					
STREET ADDRESS	460 COLUMBUS CIR.			TREET AD	Į.		•	
CITY-ST-ZIP	LONGWOOD FL			CITY-ST-Z	ZIP		[] Change	Addition
TITLE		☐ DELETE					Congrigo	
NAME			3.2 N					
STREET ADDRESS				TREET AL				
CITY-ST-ZIP		☐ DELETE		)TY-\$T-2	ZIP		Change	Addition
TITLE							ogo	
NAME			4.21		DDECC.			
STREET ADDRESS				TREET AC				
CITY-ST-ZIP	<del></del>	DELETE		my-ST-Z	IP		☐ Change	☐ Addition
TITLE			5.1 II					
NAME			1	TREET AL	ODRESS			
STREET ADDRESS				TY-ST-Z				
CITY-ST-ZIP		DELETE			<del>"                                     </del>		Change	☐ Addition
TITLE		רי מבובונ	6.2 N					
NAME				TRFET AL	OORESS			

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 officer or director of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP