					_							
PROFIT CORPORATION ANNUAL REPORT 1998		AFTER	FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			STATE		Jan 29 19	TILED 1998 8:00am ary of State			
DOCUMEN 1. Corporation Name KPG INVESTM	IENTS, INC.		(7)						<i>-</i>			
Principal Place of Business Mailing Address 1009 DUNN AVE 1660 PRUDENTIAL DI JACKSONVILLE FL 32218 STE - 203 US JACKSONVILLE FL 3: US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
2 Principal Place of Bu 21 Suite, Apt. #, etc.	usiness	26	Mailing Address				+	07/11/1985 FEI Number 59-2551726 Certificate of Status Desired			No. 75 A	plied For t Applicable Additional
22 City & State 23 Zip	Country	28	City & State	Coun	itry		6	Election Campaign Financing Trust Fund Contribution This corporation owes or has p	ald the c	A urrent ye	dded to ear Inta	May Be o Fees angible
9. Nat GARTNER, 9845 SCOT JAX FL 322	t mill rd	29 ent Registe	red Agent	£	31 32 33		10 Iress (Personal Property Tax due Jun Name and Address of New R P.O. Box Number is Not Accepte	egistere			No
	visions of Sections 607.03 agent, or both, in the Sta with, and accept the obl	502 and 607 te of Florida gations of, !	. 1503, Florida Statut . Such change was Section 607.0505, Fl	- 1	ove by tes	City e-named corpora	poration's	on submits this statement for the board of directors, I hereby acce	purpose pt the ap		Zip C ging its ent as i	
SIGNATURE Signalure, by	ped or printed name of registered a	gent and title if a	applicable. (NOT	E. Registered	Ager	nt signature requi	ired whe	en reinstating)	DATE			
12.	OFFICERS A	ND DIRECT		13.				ADDITIONS/CHANGES TO OFFI	CERS AN			
STREET ADDRESS 9845 CITY-ST-ZIP JAX F	ner, kevin p. Scott Mill RD L		☐ DELETE	1.4 CITY	IE Eet / (-st	ADDRESS 1- ZIP				L Ch		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	2. 4 CIT	1E EET <i>1</i> Y - \$1	address T-Zip				∐ Ch		Addition
THTLE NAME STREET ADDRESS CITY - ST- ZIP			☐ DELETE	3.1 TITL 3.2 NAM 3.3 STRI 3.4. CIT	te Eet /	ADDRESS T-ZIP				□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	4,1 TITU 4, 2 NAM	E ME EET A	ADDRESS				☐ Ch	ange	Addition
TITLE NAME			☐ DELETE	5.1 TITU 5.2 NAM	E				٠	☐ Ch	ange	Addition

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 emplowered 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

1/23/99 (904) 299-1254

Change

Addition