


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

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

04-13-1999 90041 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H80151**

1. Corporation Name  
**KAUFF'S OF FT. PIERCE, INC.**



Principal Place of Business <b>3310 ENTERPRISE RD.                  FT. PIERCE FL 34982-6553</b>	Mailing Address <b>3310 ENTERPRISE RD.                  FT. PIERCE FL 34982-6553</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/09/1985</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>59-2592839</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEMON, LARRY E.  
 3310 ENTERPRISE RD  
 FT. PIERCE FL 33482**

10. Name and Address of New Registered Agent

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

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**  
 Corporation Service Company

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	LEMON, LARRY E. 1002 JAMAICA AVENUE FT. PIERCE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P Larry E. Lemon 3310 Enterprise Rd. Ft. Pierce, FL 34982
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	KAUFF, W. HOWARD 5660 WAR ADMIRAL RD PALM BEACH GARDENS FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP John Maynard 7704 Basswood Dr. Chattanooga TN 37416
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE AST	STRICKLAND, JANET I. 4827 CORBETT ROAD LAKE WORTH FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST Eric M. Wexler 7704 Basswood Dr. Chattanooga TN 37416
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ST	DEECK, MARY LOU 182 SW CHRISTMAS TERRACE PORT ST. LUCIE FL	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AS Douglas A. Kaye 7704 Basswood Dr. Chattanooga TN 37416
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Jeffrey I. Badgley 8503 Hilltop Dr. Doltawah, TN 37163
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, with all other like empowered.

SIGNATURE: Signature **4-1-99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)