

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



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**PROFIT CORPORATION ANNUAL REPORT**

**1999 Amendment**

**DOCUMENT # H80301**

1. Corporation Name  
 Gtd of the Kms, Inc

Principal Place of Business  
 91200 Overseas Hwy  
 Tavernier, FL 33070

Mailing Address  
 PO Box 601  
 Tavernier, FL 33070

**FILED**  
 99 OCT 11 PM 12: 54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21. 91200 Overseas Hwy  
 Suite, Apt. #, etc.  
 22. City & State  
 23. Tavernier, FL  
 Zip  
 24. 33070 Country  
 25. USA

2a. Mailing Address  
 26. PO Box 601  
 Suite, Apt. #, etc.  
 27. City & State  
 28. Tavernier, FL  
 Zip  
 29. 33070 Country  
 30. USA

3. Date Incorporated or Qualified  
 11/85  
 4. FEI Number  
 59-2593831 Applied For  
 Not Applicable  
 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 the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 William F Jerome  
 396 So. Colonnade Palm Blvd  
 Tavernier, FL 33070

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 500003024385-6  
 -10/25/99--01131--002  
 84 City  
 \*\*\*61.50 FL \*\*\*61.50

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

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | Dr. President                | <input type="checkbox"/> DELETE            |
| NAME           | Sandra J. Jerome             |  |
| STREET ADDRESS | 396 So. Colonnade Palm Blvd. |  |
| CITY-ST-ZIP    | Tavernier, FL 33070          |  |
| TITLE          | William F. Jerome            | <input checked="" type="checkbox"/> DELETE |
| NAME           | William F. Jerome            |  |
| STREET ADDRESS | 396 So. Colonnade Palm Blvd  |  |
| CITY-ST-ZIP    | Tavernier, FL 33070          |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |   |
|--------------------|------------------------------|---|
| 1.1 TITLE          | Sandra J. Jerome             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Sandra J. Jerome             |   |
| 1.3 STREET ADDRESS | 396 So. Colonnade Palm Blvd. |   |
| 1.4 CITY-ST-ZIP    | Tavernier, FL 33070          |   |
| 2.1 TITLE          | V. Pres                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME           | Howard Kolbenhofer           |   |
| 2.3 STREET ADDRESS | 10 Seaside Ave               |   |
| 2.4 CITY-ST-ZIP    | Ken Largo, FL 33087          |   |
| 3.1 TITLE          | Secretary                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | William F. Jerome            |   |
| 3.3 STREET ADDRESS | 396 So. Colonnade Palm Blvd  |   |
| 3.4 CITY-ST-ZIP    | Tavernier, FL 33070          |   |
| 4.1 TITLE          | Treasurer                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | William F. Jerome            |   |
| 4.3 STREET ADDRESS | 396 So. Colonnade Palm Blvd  |   |
| 4.4 CITY-ST-ZIP    | Tavernier, FL 33070          |   |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                              |   |
| 5.3 STREET ADDRESS |                              |   |
| 5.4 CITY-ST-ZIP    |                              |   |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                              |   |
| 6.3 STREET ADDRESS |                              |   |
| 6.4 CITY-ST-ZIP    |                              |   |

4. 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: William F. Jerome 10/4/99 305-852-8940  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

SP