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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L33004

1. Corporation Name

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90045 047 ***158.75

KCM CO	ORP.												
Principal Place	o of Business	Mailing Address					III BBIDI BIBI GIB	ITA MANAN MANAN MANAN M					
		% SHARON F. CUNNINGHAN							•				
% Sharon F. Cunningham 1030 Seaside Dr		1030 SEASIDE DR											
SARASOTA FL 34242		SARASOTA FL 34242				DO NOT WRITE IN THIS SPACE							
	·					3. Date Incorporated or Qual 11/27/1989	ifed	·					
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For							
21		26				65-0157143		No	Applicable	able			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desire	- T	\$8.75 A		•-			
22		27				5. Certificate of Status Desire		Fee Re	quired				
City & State	e	City & State				6. Election Campaign Finance	ing 🗆 .	\$5.00	May Be				
23		28				Trust Fund Contribution		Added to	Fees				
Zip	Country	Zip	Count	ry		8. This corporation owes the	current year		_				
24	25	29	30			Personal Property Tax.			□No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of N	ew Register	ed Agent					
			8	1 Nan	ne			•	2.4				
CUNNINGHAM, SHARON F.			8	2 Stre	eet Address (P.O. Box Number is Not Acceptable)								
	SEASIDE DR			_				n i grada bake yetti. A					
SARASOTA FL 34242			8	3	•	14.7、数据处理:							
			-	4 City		4.5 1. 53 M 1.84 140 A	876 (37), \$15) 6 71	85 Zip C	ode				
			0	—i ∪ity			F	:L "" ""					
office or c	to the provisions of Sections 607.0502	of Florida, Such change was au	tnonzea t	и тие сс	ed corpor	ration submits this statement for 's board of directors. I hereby a	the purpose scept the ap	of changing its pointment as re	registered gistered				
office or c	to the provisions of Sections 607.0502 egistered agent, or both, in the State or in familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was au ions of, Section 607.0505, Flori	tnonzed t da Statuti	sy the co	rporation	when reinstating);	DATE	pomanon do ro					
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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 repect as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: