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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M68846

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90224 017 \*\*\*150.00

K.C. MA	NGUS, INC							
Principal Plac	e of Business	Mailing Address				I OTOTO ENIC ESECT	INILEREN DIBIL DI	
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18765 S.W. 354TH TERRACE FLORIDA CITY FL 33034 FLORIDA CITY FL 33034 FLORIDA CITY FL 33034					1			
						VRITE IN THIS	SPACE	
					3. Date Incorporated or Qualit	ied		
		·	~	· · · · · ·	02/19/1988			
	Place of Business	2a. Mailing Address			4, FEI Number			lied For
21		26		<del></del>	65-0032618		\$8.75 A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					<ol><li>Certificate of Status Desired</li></ol>	, 🗆	Fee Red	
Ciby & Stor	Do	City & State			a Floring Compolen Financi	~~	\$5.00	
City & Stat	te .	_ <del>_</del> _			6. Election Campaign Financi Trust Fund Contribution	ng 🗆	Added to	
Zip	Country		Count		8. This corporation owes the	current year int		
24	25	· r	30	• •	Personal Property Tax.	surrein your in		□No
· <b>4</b> [	9. Name and Address of Curre		501	<del></del>	10. Name and Address of Ne	w Registered	Agent	
	<u> </u>		8	1 Name				
	er, jeffrey m.		Ļ	0 0000000000000000000000000000000000000	ress (P.O. Box Number is Not Acc	antabla)		
20466 SOUTH DIXIE HIGHWAY			ľ	2 Street Add	ress (P.O. Box Number is Not Acc	ер <i>іаше)</i>		
MIAI	MI FL 33189		8	3				
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			8	4 City		FL	85 Zip C	оде
12. TITLE	PST OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AT	Change	Additio
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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 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.

NOT THE REQUES D

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR