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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000082793

KMF, INC.

•		
Principal Place of Business	Mailing Address	
11541 LANE PARK ROAD TAVARES FL 32778 US	11541 LANE PARK ROAD TAVARES FL 32778 US	

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90030 040 ***150.00



TAVARES FL 32			ARES FL 32778				DO NOT 16	OITE IN TH	IS SPACE		
US		US	US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
		•					1	5u			
							12/02/1993			applied For	
Principal Place of Business 2a. Mailing Address							4. FEI Number		└	lot Applicable	
21 26							65-0454857				
Suite, Apt. #, etc.							5. Certifcate of Status Desired	ifcate of Status Desired \$8.75 Additional Fee Required			
22							6. Election Campaign Financia	na —	\$5.00	May Be	
City & State	Ony a class	- A State			Trust Fund Contribution Added to Fees						
Zip	Country	Z8 Country Zip					8. This corporation owes the current year Intangible				
24	25 29						Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer	nt Registe	ered Agent	-			10. Name and Address of Ne	w Registere	d Agent		
	Article State	1 To 10 To 1	to a Mari		81	Name					
M & W AGENTS, INC.				-	82	Stroot Addre	ess (P.O. Box Number is Not Acc	entable)			
9100	S DADELAND BLVD					Street Addit	ess (i .O. Box (tollibo) to tree to	egeneratey The second		* <u>* * * * * * * * * * * * * * * * * * </u>	
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		Sam	and the second of the second			-			<u> </u>		
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 60 of Florida ations of,	7.1508, Florida Statut a: Such change was a Section 607.0505, Flo	es, the ab uthorized rida Statu	by t	e-named corporation	oration submits this statement for on's board of directors. I hereby a	the purpose cept the app	or changing i	registered	
SIGNATURE					4	t -la a atura e a muleo.	d whom reineteting).	DATE			
•1•1	Signature, typed or printed name of registered age		applicable. (NOTE	: Registered /	Agent	t signature required	d when reinstating)		AND DIDECT	TODE IN 12	
			27000	40			ADDITIONS/CHANGES TO	OFFICERS	ANULUKEU	100311112 1	
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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 of 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 affectment with an address, with all other like empowered.

SIGNATURE: