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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015762 1. Corporation Name

K.P.R.P., INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90223 042 ***150.00



Principal Place	e of Business	Mailing Address							
1921 N DIXIE H	łwy	1921 N DIXIE HWY							
POMPANO BEACH FL 33060		POMPANO BEACH FL 33060				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
						02/19/1996		Į	
2 Principal Di	lace of Business	2a. Mailing Address	_			4. FEI Number		Applied For	
<u>-</u>	lace of business	— ·				65-0656567		Not Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.7	5 Additional	
⊢ , ''	,					5. Certifcate of Status Desired	* * * * * *	Required	
City & State		City & State				6. Election Campaign Financing	\$5	00 May Be	
23 28						Trust Fund Contribution	• •	ed to Fees	
Zip				untry		8. This corporation owes the current y			
24	25	29	30	•		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Currer		1001	T		10. Name and Address of New Regis	tered Agent		
			_	81	Name				
O'NEIL, DONNA S					<u> </u>	(D.C. D. N. J. bas is Not Assessable)			
301			82	Street A	ddress (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33334				83			·········		
							, ,		
				84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the a	above	-named o	orporation submits this statement for the purp	ose of changing	g its registered	
) office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorize	d by t	ine corpoi	ration's board of directors. I hereby accept the	appointment a	s registered	
	m familiar with, and accept the obliga	itions of Section 607.0505, Fig	ilua otai	tutes.					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registere	d Agent	signature re	guired when reinstating)	ATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE	1.1 T	TTLE		D	₹ Chai	nge 🗌 Addition	
NAME	PHILLIPS, KEN		1.2 N	NAME		Phillips, Ken		1	
STREET ADDRESS	``` 		1.3 S	STREET	ADDRESS	5030 NE 26 Terrace			
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CTREET ARCRES	•	☐ DELETE	2.1 T	TITLE NAME	ADDRESS	_Ligntnouse_Point,_f	florida ∐Cha	nge	
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6.4 CITY-ST-ZIP CITY-ST-ZIP th this sting does not qualify for the exchiption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 effect the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied windicated on this annual report or supplemental officer or director of the corporation or the rece officer or director of the Block 12 or Block 13 if