

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

**FILED**

**Feb 27 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000001243 (9)**  
1. Corporation Name  
**KGM AUTOS, INC.**



Principal Place of Business: **7105 NORTHWEST 73RD STREET TAMARAC FL 33321**  
Mailing Address: **7105 NORTHWEST 73RD STREET TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1997**

4. FEI Number: **65-0719504** 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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: **7105 NW 73ST.** 2a. Mailing Address: **7105 NW 73 ST.**

21. Suite, Apt. #, etc.: **TAMARAC, FL.** 22. City & State: **TAMARAC, FL.** 23. Zip: **33321** Country: **USA**

26. Suite, Apt. #, etc.: **TAMARAC, FL.** 27. City & State: **TAMARAC, FL.** 28. Zip: **33321** Country: **USA**

9. Name and Address of Current Registered Agent: **CRAMER, LEE  
7105 N.W. 73RD ST.  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent:

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ 85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONASTRA, MICHAEL L</b>	1.2 NAME	
STREET ADDRESS	<b>4943 SOUTHWEST 90TH WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, LEE KIPP</b>	2.2 NAME	
STREET ADDRESS	<b>7105 NORTHWEST 73RD STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURSULI, GUSTAVO</b>	3.2 NAME	<b>STD MURSULI, GUSTAVO</b>
STREET ADDRESS	<b>POST OFFICE BOX 432136</b>	3.3 STREET ADDRESS	<b>3436 SW 59TH AV.</b>
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	3.4 CITY-ST-ZIP	<b>DAVIE, FL. 33314</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>400002443354</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>-03/02/98--01004--028</b>
			<b>***150.00</b>

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.

SIGNATURE: **LEE KIPP CRAMER V.P. 2.23-98 954.585.3800**

CR2E034 (10/97)