

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000048075 (0)**  
1. Corporation Name  
**KGM SERVICE CENTER, INC.**



Principal Place of Business <b>4251 N. STATE RD. 7 HOLLYWOOD FL 33021</b>	Mailing Address <b>4251 N. STATE RD. 7 HOLLYWOOD FL 33021</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/30/1997**

2. Principal Place of Business 21 <b>4251 N. STATE RD. 7</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4251 N. STATE RD. 7</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0757516</b>	Applied For Not Applicable
22 City & State <b>HOLLYWOOD, FL.</b>	27 City & State <b>HOLLYWOOD, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33021</b>	25 Country <b>USA</b>	28 Zip <b>33021</b>	29 Country <b>USA</b>
3. Date Incorporated or Qualified		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CRAMER, LEE KIPP 4251 N STATE RD. 7 HOLLYWOOD FL 33021</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONASTRA, MICHAEL L</b>	1.2 NAME	
STREET ADDRESS	<b>4943 SW 90TH WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, LEE K</b>	2.2 NAME	
STREET ADDRESS	<b>7105 NW 73RD ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURSULI, GUSTAVO</b>	3.2 NAME	<b>DST MURSULI, GUSTAVO</b>
STREET ADDRESS	<b>P.O. BOX 432136</b>	3.3 STREET ADDRESS	<b>3436 SW 59TH AVE.</b>
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	3.4 CITY-ST-ZIP	<b>DAVIE, FL. 33314</b>
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ DATE **2-27-98** TELEPHONE **954-946-8000**

CR2E034 (10/97)