

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90014 017 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V13994**

1. Corporation Name  
**KAMCO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**N. 35TH STREET 3031 N. 35TH STREET**  
**WEEK FL 33021 HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address  
**1888 NW 21<sup>ST</sup> STREET 26 7000 Island Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 111 27**  
 City & State City & State  
**Pompano Beach, FL 28 Aventura, FL**  
 Zip Country Zip Country  
**33069 25 33160 30**

3. Date Incorporated or Qualified  
**01/28/1992**  
 4. FEI Number Applied For  
**65-0310131** 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 the current year Intangible Personal Property Tax.  Yes  No

**9. Name and Address of Current Registered Agent**

**JACKSON, KENNETH R.**  
**3031 N. 35TH STREET**  
**HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

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

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

**OFFICERS AND DIRECTORS**

<input type="checkbox"/> DELETE	<b>D</b> <b>JACKSON, KENNETH R.</b> ADDRESS: 7000 Island Blvd, Apt #111 ST-ZIP: Aventura, FL 33160
<input type="checkbox"/> DELETE	<b>D</b> <b>JACKSON, MALINKA</b> ADDRESS: 7000 Island Blvd, Apt #111 ST-ZIP: Aventura, FL 33160
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE
	1.2 NAME
	1.3 STREET ADDRESS
	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

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.

**SIGNATURE: KENNETH R. JACKSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-98** **(954) 973-3060**  
 Date Daytime Phone #

CR2E034 (1/98)