

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0100509

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Moctham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **P97000090888 (3)**

1. Corporation Name

B KAUFMANN COMPANY

Principal Place of Business

**2955 FLOYD STREET
SARASOTA FL 34239**

Mailing Address

**2955 FLOYD STREET
SARASOTA FL 34239**

FILED

98 NOV -6 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5423 Creek Dr.	26	5423 Creek Dr.	10/22/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0788646	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Sarasota, FL		Sarasota, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Zip		
24	34231	29	34231		
25	Country	30	Country		
25	USA	30	USA		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**KING, CLIFFORD M
1800 SECOND STREET
SUITE 855
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	BRENDA KAUFMANN
STREET ADDRESS		1.3 STREET ADDRESS	1856 TULIP DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T REAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PAT KAUFMANN
STREET ADDRESS		2.3 STREET ADDRESS	2955 FLOYD ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARK SABUDA
STREET ADDRESS		3.3 STREET ADDRESS	1924 WEBBER ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900002687479-3
STREET ADDRESS		4.3 STREET ADDRESS	-11/13/98-01079-005
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
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	
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:

SIGNATURE REQUIRED

BRENDA KAUFMANN

9-21-98

941-366-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)