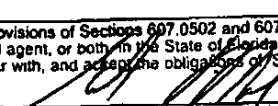


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90277 009 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000048075			
1. Corporation Name KGM SERVICE CENTER, INC.			
Principal Place of Business 4251 N. STATE RD. 7 HOLLYWOOD FL 33021		Mailing Address 4251 N. STATE RD. 7 HOLLYWOOD FL 33021	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/30/1997		4. FEI Number 65-0757516	
5. Certificate of Status Desired ☒		Applied For Not Applicable	
6. Election Campaign Financing ☐		\$8.75 Additional Fee Required	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CRAMER, LEE KIPP 4251 N STATE RD. 7 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name MURSULLI, GUSTAVO 82 Street Address (P.O. Box Number is Not Acceptable) 4251 N. STATE RD 7 83 84 City HOLLYWOOD FL 85 Zip Code 33021	
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 8-5-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP MONASTRA, MICHAEL L 4943 SW 80TH WAY COOPER CITY FL 33328	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAMER, LEE K 7105 NW 73RD ST. TAMARAC FL 33321	☒ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MURSULLI, GUSTAVO 3436 SW 58TH AVE. DAVIE FL 33314	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

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 affidavit, with all other like empowered.