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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 238051 C.C. KUHL, INC.

(7)

## **FILED** Apr 21 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing A	Mailing Address EDMUND P RUSSO						91911 B B   B B   W	(B11 B1811 I	#   #   1   1   1   1   1   1   1   1
EDMUND P RU											
855 MIRACLE I CORAL GABLE			355 MIRACLE MILE CORAL GABLES FL 33134-5819								
CONNI GABLE	o re solor	OOTINE O	Office digase in the following				3. Date Incorpo 06/30/196	orated or Qualified	or Qualified 3a. Date of Last Report 04/18/1996		
2. Principal P	lace of Business	2s. Maitir	ig Address				4. FEI Number		<u></u>	Ap	plied For
21		26					59-0901	<b>59-0901722</b> Not Applicable			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				<ol><li>Certificate of</li></ol>	Status Desired			Additional
22		27					B. Continuate of	Citator Decirios		Fee Re	quired
City & State	9	— ·	City & State					npaign Financing			May Be
23			Zip Country				Trust Fund Contribution				
Zip	Country	<u> </u>					8. This corporation has liability for intangible tax under s. 19 Ftorida Statutes Yes D No			199.032,	
24	25   29   30   30   9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent						
VOL	ING,BILL	ili negistered i			81	Name	10, Namo ano a	COLOGO OF THEM THE	Jistorou Agor		
	MIRACLE MILE			L							
	NITACLE MILE PAL GABLES FL 33134			ļ	82	Street Ac	ldress (P.O. Box Num	ber is Not Acceptab	le)		
COP	INC CADLES I E 30134			ŀ	83		·				
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				ł	84	•			FL 85	'	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.150	8, Florida Statu	tes, the ab	ove	e-named c	orporation submits this	statement for the p	urpose of chai	nging its	s registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida. Suc pations of, Secti	ch change was on 607.0505, Fl	authorized Iorida Stati	i by utes	the corpo	ration's board of direc	tors. I hereby accep	t the appointn	ient as	registerea
SIGNATURE											
BIGINATURE	Signature, typed or printed name of registered as			IL: Flegislored	Age	nt signature re	quired when reinstating)		DATE		
12.		ND DIRECTORS		13.		·	ADDITIONS/C	HANGES TO OFFIC			
TITLE	PD VOLNIO BILL		☐ DELETE	1.1 Tit					LJ	Change	Addition
NAME	YOUNG,BILL			1.2 NA	ME						
STREET ADDRESS	355 MIRACLE MILE			1.3 \$10	REET	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		- December	1.4 0/1		1 - <b>Z</b> IP				N	- Tables
TITLE	D D		☐ DELETE	2.1 T(I					U'	Change	☐ Addition
NAME	RUSSO,EDMUND P	•		2 2 NA							
STREET ADDRESS	4685 PONCE DE LEON BLVD	,				ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		DEL CTC	2 4 CI	_	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE	\$ Young,Betty		DELETE	3.1 TIT					U'	manye	☐ VORIDOD
NAME '	355 MIRACLE MILE			3.2 NA							
STREET ADDRESS	CORAL GABLES FL			3 3 STREET ADDRESS							
CITY-ST-ZIP					3 4. CITY - ST - ZIP 4 1 TITLE					Change	Addition
TITLE			DELETE						' ب	or ion igo	
NAME OVERT ADDRESS				4.2 N/		ADDOLAG					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4 4 CH 5 1 TH		1 - 218	<del></del>		<del></del>	Change	Addition
NAME				52 NA							
STREET ADDRESS						ADDRESS					
				5.3 ST							
CITY-ST-ZIP TITLE			DELETE	6.1 TIT		1-215			<u> </u>	Change	Addition
NAME				6.1 M					٠ اسا		
						ADDRESS					
STREET ADDRESS				6.4 CI		1					
CITY-ST-ZIP	by addity that the information symplic	ad with this filin	a door not nual				ted in Section 119 07/	3)(i) Florida Statutes	: Hurther cert	ify that t	the

The impay definity that the information supplied with this immigrates not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. Flurtner 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 a man 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.