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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

201 W LAUREL ST

UNIT 403 TAMPA FL 33602

U\$

285144

(2)

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

K.F. PROPERTIES INC. 201 W LAUREL ST. #403 TAMPA FL 33602-2935

K. F. PROPERTIES, INC.

FILED	
Apr 06 1998 8:00an	1
Secretary of State	

	4 TARCER DIRDA FREDA BARBI DIBNI DIBNI D	181 B181 B181	(1 WINEL GROEF NAMED NEWEL SONE		
	DO NOT WRIT	E IN THIS	SPACE		
3.	Date Incorporated or Qualified				
	09/18/1964				
4.	FEI Number		Applied For		
	59-1058201		Not Applicable		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be		

MINITER	28			Trust Fund Contribution	البيا	Added to Fees
3602 25 HIVE	Zip 29	Countr 30	/	This corporation owes or has Personal Property Tax due Ju	· ——	
g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered Ag	ent
FOSTER, KENTON D		81	Name			
201 W LAUREL ST, #403 TAMPA FL 33602			Street Addre			
77WW 77T & 00004		83				
		84	1,		FLI	85 Zip Code
Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida S	statutes, the abov	e-named corp	oration submits this statement for the	purpose of ch	anging its registered

agent. I ar	m familiar with, and accept the obligations of, Section	607.0505, Florid	da Statutes.	1 T		negisiered
SIGNATURE	RENTON D. FOSTER	The	elon S	Sosle 3/	51/9	8
12.	Signature, typod or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	GHOTE: R	logistered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	FOSTER,KENTON D		1.2 NAME			
STREET ADDRESS	201 W LAUREL, #403		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	FOSTER, BRIGDON K.		2.2 NAME			
STREET ADDRESS	201 W LAUREL, #403		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			
TITLE	\$	DELETE	3.1 TITLE		☐ Change	Addition
NAME	Foster, Jo ann		3.2 NAME			
STREET ADDRESS	201 W LAUREL, #403		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. C(TY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
1						

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 open attachment with an address.