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 # 380439

(0)

FILED
Apr 21 1998 8:00am
Secretary of State

KEVOR	RKIAN ENTERPRISES, INC.	(4)						
Principal Place of Business Mailing Address						-	I DES ELLE IL BEBEF DIBILI	\U\ 10 \
3200 PALM A HIALEAH FL		3200 PALM AVE HIALEAH FL 33012				DO NOT WRITE IN THIS	S SP ACE	
						3. Date Incorporated or Qualified		
						04/15/1971		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Appli	ied For
21		26	al annual and a service and a construction of the service and a service			59-1349061		Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Add Fee Requ	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip Country		Zip	,)			8. This corporation owes or has paid the current year Intangible		
		29	A			Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		04 .	Nome	10. Name and Address of New Registered	d Agent	
KEVORKIAN, VIRGINIA				1	Name			
	631 E.OAKMONT DR.		[82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
Mi	AMI FL 33015		ļ.	83				····
			[-				
			[1	84 (City	F	85 Zip Co	de
office or r agent I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as re-	gistered
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS	IN 12
TITLE	PD	DELETE	1.1 TITE	.F			Change	Addition
NAME	KEVORKIAN, VIRGINIA		1.2 NAM	ΜE				
STREET ADORESS	3200 PALM AVE		1.3 STR	EFT AD	DRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CIT		ZIP			1.00
TITLE	VD	☐ DELETE	2.1 TITL				∐ Change [Addition
NAME	KEVORKIAN, VALERIE		2.2 NAM					
STREET ADDRESS	3200 PALM AVE		2 3 STR					
CITY-\$T-ZIP	HIALEAH FL TO	DELETE	2. 4 CHY-S 3.1 TITLE		7 1		Change	Addition
NAME	KEVORKIAN, MICHELE	L_I OUT I	3.2 NAM				orango [
STREET ADDRESS	3200 PALM AVE		3.3 STREET A		DRESS			
CITY-ST-ZIP	HIALEAH FL		3.4. Ci7					
TITLE	VD	DELETE	4.1 1111				☐ Change	Addition
NAME	KEVORKIAN, STEPHANIE		4. 2 NAME					
STREET ADDRESS	3200 PALM AVE.		4.3 STREET AD		DRESS			
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-7		ZIP			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME		1			
STREET ADDRESS			5.3 STR		1			
CITY-ST-ZIP		T octors	5.4 CiT		ZIP		Ohana	Addition
TITLE		☐ DELETE	6.1 TITE		İ		☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	· [6.3 STR					
CITY-ST-ZiP			6.4 CIT			Section 119 07/3Vi) Florida Statules I further	portify that the in	formation

14. Thereby 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 is suppliemental 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 comparation by the receiver or trists of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if quarged or 1 an attachment with an address.

14-13.98 305 887 8771