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03-10-1999 90225 006 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 414364

1. Corporation Name

KUNDE, SPRECHER & ASSOCIATES, INC.



Principal Place of Business

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176
US

Mailing Address

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1972

2. Principal Place of Business

21 7300 N. KENDALL DRIVE

Suite, Apt. #, etc.

22 # 400

City & State

23 MIAMI, FL

Zip

Country

24 33156 25 USA

2a. Mailing Address

26 7300 N. KENDALL DRIVE

Suite, Apt. #, etc.

27 # 400

City & State

28 MIAMI, FL

Zip

Country

29 33156 30 USA

4. FEI Number

59-1431362

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

9. Name and Address of Current Registered Agent

SPRECHER, ROBERT C
10700 N KENDALL DR
SUITE 400
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

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

7300 N. KENDALL DRIVE

83

400

84 City

MIAMI

FL

85 Zip Code

33156

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

TITLE C/D ☐ DELETE

NAME KUNDE, GEORGE H
STREET ADDRESS 17401 OLD CUTLER RD
CITY-ST-ZIP MIAMI FL 33157

TITLE P/D ☐ DELETE

NAME SPRECHER, ROBERT C
STREET ADDRESS 7462 SW 166 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE V/D ☒ DELETE

NAME ~~CRUMBLEY, LOY L~~
STREET ADDRESS ~~8836 MADEIRA CT. SOUTH~~
CITY-ST-ZIP ~~ORLANDO FL 32838~~

TITLE TS ☐ DELETE

NAME CARR, WENDY
STREET ADDRESS 7101 MIAMI LKS DR
CITY-ST-ZIP MIAMI LKS FL 33014

TITLE V/D ☐ DELETE

NAME ZENNON, HEDRICK E
STREET ADDRESS 6001 S.W. 17TH ST.
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☐ Change ☒ Addition

1.2 NAME WILLIAM JUNKIN
1.3 STREET ADDRESS 780 BAYSIDE LANE
1.4 CITY-ST-ZIP FT. LAUD., FL 33326

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME LUIS OLIVARES
2.3 STREET ADDRESS 9321 S.W. 107TH AVE., APT A
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE V/D ☐ Change ☒ Addition

3.2 NAME JAMES OLIVER

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE V/D ☐ Change ☒ Addition

4.2 NAME JAMES OLIVER
4.3 STREET ADDRESS 9848 N.W. 1ST COURT
4.4 CITY-ST-ZIP PLANTATION, FL 33173

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 8, 1999 (305) 279-2298
Date Daytime Phone #

CR2E034 (11/98)