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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #, 425132

K DATA PRODUCTS, INC.

Principal Place of Business 1401 N.W. 84TH AVENUE MIAMI FL 33126

Mailing Address

1401 N.W. 84TH AVENUE MIAMI FL 33126

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90033 038 \*\*\*158.75



MIAMI FL 33126 US		Miami FL 33126 US		DO NOT WRITE IN THIS SPACE				
00		50			<ol> <li>Date Incorporated or Qualified 05/04/1973</li> </ol>		-	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-1459786			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>x</b>		Additional	
22		27		3. Germanic of charas action		Fee	Required	
City & State		City & State		6. Election Campaign Financing	7		O May Be	
23		28		Trust Fund Contribution	<u>-</u>	Adde	d to Fees	
Zip Country		Zip			<ol><li>This corporation owes the current</li></ol>	-	<u>-</u>	
24	25	29 30	<u> </u>		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Ag	jent	
1200.00			81	Name				
KINGSBERG,DAVID M.			82	Street Ad	dress (P.O. Box Number is Not Acceptable	*)		
	N.W. 207TH ST. #704							
MIAN	/II FL 33180		83					
	7		84	City		<del></del> 1	85 Zi	p Code
			i	1		FL	·	
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		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE				Chang	
NAME	KINGSBERG, DAVID M.		1.2 NAME					
STREET ADDRESS	3802 N.W. 207TH ST. #704		1.3 STREE	TADDRESS	,			1
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-S	T-ZIP				
TITLE	CED	☐ DELETE	2.1 TITLE			[	Chang	e
NAME	KINGSBERG, BARBARA K.		2.2 NAME					
STREET ADDRESS	3802 N.E. 207TH ST. #704		2.3 STREE	TADDRESS	·			
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-5					
TITLE	PD	☐ D€LETE	3.1 TITLE	-			Chang	ge Addition
NAME	KINGSBERG, EDWARD N		3.2 NAME					
STREET ADDRESS	14305 SW 102ND CT			TADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S					1 4 1 2 .
TITLE	VP	☐ DELETE	4.1 TITLE	.,			Chang	je 🔲 Addition
NAME	KINGSBERG, CARY B.		4.2 NAME					
STREET ADDRESS	10113 N.W. 13TH COURT			T ADDRESS				
	PLANTATION FL		4.4 CITY-S					
CITY-ST-ZIP TITLE	FLANIATION FL	☐ DELETE	5.1 TITLE	11-211		[	☐ Chang	ge Addition
NAME		<u> </u>	5.2 NAME					ì
				TADORESS				ĺ
STREET ADDRESS	l v.		5.4 CITY-S					ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Chang	ge Addition
TITLE		C) beceive	6.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY-ST-ZIP			0.4 CHY-S	) I - ZIF			. 41 . 4 44	o information

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 of 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 charged, or on an attachment with an address with all other like empowered.

SIGNATURE

HATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward N. Kingsberg

1 8 99 aytime Phone # R2E034 (11/98)