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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Business

1101 MONROE STREET

TOLEDO OH 43697-1030

Suite, Apt. #, etc.

2. Principal Place of Business

P.O.BOX 1030

21

474418

DOCUMENT # KW SHOPS, INC.

(1)

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1101 MONROE STREET P.O.BOX 1030 TOLEDO OH 43697-1030

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified 04/22/1975

34-1165533

4. FEI Number

City & State	Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Certificate of Status Desired	П	\$8.75	Additional	
Zip Country Zip Country	22		27			5. Certificate of Status Desired	ш	Fee R	equired		
Zip Country Zip Country Zip Country Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes Yes	City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be	
28 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HELD, EDWIN W JR FISCHETTE, OWEN & HELD SUITE 1916, GULF LIFE TOWER JACKSONVILLE FL 32207 83 Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 C502 and 607, 1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, be referred 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, be registered agent, be 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, be registered agent, be registered agent, be registered agent, and the purpose of changing its registered agent, be registered ag	23		11				Trust Fund Contribution		Added	to Fees	
9. Name and Address of Current Registered Agent HELD, EWIN W JR FISCHETTE, OWEN & HELD SUITE 1916, GULF LIFE TOWER JACKSONVILLE FL 32207 83 84 City FL 85 ZIP Code 11. Pursuant to the provisions of Sections 607 CS02 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 and directors. I hereby accept the appointment as registered agent and directors. I hereby accept the appointment as registered agent and directors. I hereby accept the appointment as registered agent and directors. I hereby accept the appointment as registered agent and directors. I hereby accept the appointment as registered agent and directors. I hereby accept the appointment as registered agent agent and directors. I hereby accept the appointment as registered agent agent agent and directors. I hereby accept the appointment as registered agent agen	Zip	Country Zip C		Cou	Country		8. This corporation owes or has paid the current year Intangible				
HELD, EDWIN W JR FISCHETTE, OWEN & HELD SUITE 1916, GULF LIFE TOWER JACKSONVILLE FL 32207 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SI											
FISCHETTE, OWEN & HELD SUITE 1916, GULF LIFE TOWER JACKSONVILLE FL 32207 82 83 84							10. Name and Address of New R	egistered	Agent		
SUITE 1916, GULF LIFE TOWER JACKSONVILLE FL 32207 83 84 City FL 85 Zip Code 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 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, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and this, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent with a purpose of printed from the purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent ag	HELD, EDWIN W JR					Name					
JACKSONVILLE FL 32207 83	FISCHETTE, OWEN & HELD					Street Addres	ss (P.O. Box Number is Not Accepta	bie)			
### City ### FL 85 Zip Code ### 21											
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyced or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	JACKSONVILLE FL 32207					83					
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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyced or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	·					City			gs Zin	Code	
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NAME SHEPHARD, KATHY 4.2 NAME	NAME	SHEPHARD, KATHY		4. 2 NA	ME	Ì				[
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Secti	14. I hereby c	ertify that the information supplied with	this filing does not qua	alify for the exer	npti	on stated in Se	ection 119.07(3)(i), Florida Statutes.	further ce	ntify 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 it made under pain, that it all all 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, pron an attachment with an address.

SIGNATURE: