

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90004 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **505779**

1. Corporation Name

KEIL & KRIST FURNITURE CORP.

*DID NOT Receive
FIRST NOTICE*



Principal Place of Business

KEIL & KRIST
710 SOUTH US HIGHWAY 1
VERO BEACH FL 32962
US

Mailing Address

KEIL & KRIST
710 SOUTH US HIGHWAY 1
VERO BEACH FL 32962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1976

4. FEI Number

59-1698026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LASQUE, ROGER W
660 BEACHLAND BLVD.
STE. 201
VERO BEACH FL 32963~~

delete

10. Name and Address of New Registered Agent

81 Name

HANS W. KEIL

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

126 QUEEN BESS CT.

83

84 City

FT. PIERCE

FL

85 Zip Code
34949

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

[Signature]

8/21/99

12. OFFICERS AND DIRECTORS

TITLE ~~D~~ ☒ DELETE

NAME ~~JOHN, GUSTAV~~

STREET ADDRESS ~~1572 CEDAR WOOD DR APT A~~

CITY-ST-ZIP ~~WEST LAKE, OH 00000~~

TITLE **S** ☐ DELETE

NAME **KEIL, HELENE**

STREET ADDRESS **126 QUEEN BESS CT**

CITY-ST-ZIP **FT PIERCE, FL 00000**

TITLE **PD** ☐ DELETE

NAME **KEIL, HANS**

STREET ADDRESS **126 QUEEN BESS**

CITY-ST-ZIP **FT PIERCE, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Hans Keil**

8/21/99

561-569-4210

CR2E034 (5/99)