FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **510218** **(1)**

1. Corporation Name
KOLKANA SERVICES, INC.

Principal Place of Business	Mailing Address
2110 FLORIDA MANGO RD. W PALM BCH FL 33409-4277	2110 FLORIDA MANGO RD. W PALM BCH FL 33409-4277

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/10/1976**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business	2a. Mailing Address
21 2110 N. Florida Mango Rd.	26 2110 N. Florida Mango Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33409-6412 Country 25	Zip 29 33409-6412 Country 30

4. FEI Number: **59-1691716** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES L KOLKANA No. 2110 FLORIDA MANGO RD. WEST PALM BCH FL 33409-6412	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2110 North Florida Mango Road 83 84 City FL 85 Zip Code 33409-6412

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	11 TITLE		☒ Change ☐ Addition
NAME	KOLKANA, KATHERINE	12 NAME		
STREET ADDRESS	2110 FLORIDA MANGO RD	13 STREET ADDRESS	2110 North Florida Mango Rd.	
CITY-ST-ZIP	W PALM BCH,FL 00000	14 CITY-ST-ZIP	33409	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	KOLKANA, BERNARD	22 NAME		
STREET ADDRESS	2110 FLORIDA MANGO RD	23 STREET ADDRESS	2110 North Florida Mango Rd.	
CITY-ST-ZIP	W PALM BCH,FL 00000	24 CITY-ST-ZIP	33409	
TITLE	CD	31 TITLE		☒ Change ☐ Addition
NAME	KOLKANA, JAMES L	32 NAME		
STREET ADDRESS	2110 FLORIDA MANGO RD	33 STREET ADDRESS	2110 North Florida Mango Rd.	
CITY-ST-ZIP	W PALM BCH,FL 00000	34 CITY-ST-ZIP	33409	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/14/95 407-689-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240630 CP