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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90046 024 ***150.00

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DOCUMENT	#	56045	5
I. Corporation Name		000 10	•

KANGA EXPORTING, INC.

	•					ĺ	
Principal Plac	e of Business	Mailing Address					
2080 WEST HV COCOA FL 328 US		P.O. BOX 3844 N/A COCOA FL 32924 US				-	DO NOT WRITE IN THIS SPACE
						İ	3. Date Incorporated or Qualifed
- 57		Ta salita salata					02/23/1978 4. FEI Number Applied For
	Place of Business	2a. Mailing Address				1	4. FEI Number Applied For S9-1800737 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 Additional
22	, m, ciu.	27					5. Certifcate of Status Desired Fee Required
City & Stat	te	City & State				·	6. Election Campaign Financing 5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	- Country	Zip	Zip Cou			ĺ	8. This corporation owes the current year Intangible
24	25	29	30	,			Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	81	Name		10. Name and Address of New Registered Agent
GOI	RDON, RICHARD			"'	Name		
	6 N FRIDAY CIRCLE			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)
	COA FL 32926			83			
	v			84	City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607,1508. Florida Sta	tutes, the a	bove	-named	corpora	ration submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa	s authorized	d by	the corpo	oration	's board of directors. I hereby accept the appointment as registered
-	iiii laniilai witii, and accept the cong	allotis of, decilori doz.oods, i	TOTIQA OTAL	uico	•		
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NO	OTE: Registered	Agen	t signature r	required w	when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1,1 TI	TLE		ļ	☐ Change ☐ Addition
NAME	GORDON, RICHARD		1.2 N	AME		1	Í
STREET ADDRESS	4636 N FRIDAY CIRCLE		1.3 8	TREET	ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000		1.4 C	TY-Š	r-ZIP		
TITLE	ST	☐ DELETÉ	2.1 Π	TLE			Change Addition
NAME	GORDON, ELVA R		2.2 N	AME			•
STREET ADDRESS	· ·		2.3 S	TREET	ADDRESS		ĺ
CITY-ST-ZIP	COCOA, FL 00000		2.40	ITY-S	T-ZIP		
TITLE		DELETE	3.1 ¥I	TLE			Change
NAME			3.2 N				
STREET ADDRESS			3.3 S	TREET	ADDRESS	ļ	
CITY-ST-ZIP		C DELETE		ITY-S	T-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE	}	☐ DELETE	4.1 T				Change [] Addition [
NAME		•	4, 2 N	IAME			
STREET ADDRESS	Ì				ADDRESS		
CITY-ST-ZIP		DELETE		ITY-S	T- ZIP	├	Change Addition
TITLE	}	☐ bereie	5.1 TI 5.2 N				
NAME					ADDRESS		
STREET ADDRESS	1						
CITY-ST-ZIP				11Y-V			ì
TITLE		□ nei ete	6.1 TI	ITY-S' TLE	1-ZIP	 	☐ Change ☐ Addition
MAME		DELETE	6.1 TI	TLE	1-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE .	6.1 TI	TLE AME	ADDRESS	<u> </u>	☐ Change ☐ Addition

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 cath; 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)