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

DOCUMENT # 572592

1. Corporation Name

KPGJ, INC.

Principal Place of Business	Mailing Addres
CAO O MINITARY TRAN	SC4S C ANDITAD

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90034 005 ***150.00



3613 S MILITAF LAKE WORTH I		3613 S MILITARY TRAIL LAKE WORTH FL 33463			3. Dat	DO NOT WRIT	E IN THIS S	SPACE_	
					05	/30/1978			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI	Number			Applied For
21		26			59	-1827354			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cer	tifcate of Status Desired			5 Additional	
22		27		J. 021			Fee	Required	
City & State		City & State		1	ction Campaign Financing			O May Be	
23						st Fund Contribution			d to Fees
Zip	Country	Zip	Country		_	s corporation owes the curre	-		⊠No
24	25	29 30	<u> 1</u>			sonal Property Tax. me and Address of New R		Yes	Ø NO
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Na	me and Address of New N	egistered A	gent	
กกห	VLING, WIŁLIAM E		"	Name					
	S MILITARY TRAIL		82	Street Add	dress (P.O.	Box Number is Not Accepta	ble)		
	E WORTH FL 33463		83						
L-4N	L 110/11111 L 00/100		63						
	•		84	City	-		FL	85 Zi	p Code
		- 1007 4500 El. :1- Ot-64-	41			hmits this statement for the		hanging	ite registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporat	rporation sui	of directors, I hereby accep	t the appoint	tment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes						
SIGNATURE		, and the same of		• -:	ired when reinsta	tine\	DATE		
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	it signature requi		ITIONS/CHANGES TO OFF		DIREC	TORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE					Chang	
NAME	DOWLING, WILLIAM E	_	1.2 NAME						
STREET ADDRESS	3613 S MILITARY TRAIL		1.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY+S						
TITLE	VD	☐ DELETE	2.1 TITLE					☐ Chang	e Addition
NAME	DOWLING, CATHY		2.2 NAME						
STREET ADORESS	3613 S MILITARY TRAIL		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY-S	- 1					
TITLE	VD VD	☐ DELETE	3.1 TITLE					☐ Chang	e Addition
NAME	PETERS, DIXIE		3.2 NAME						
STREET ADDRESS		:	3.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-S						
TITLE		☐ DELETE	4.1 TITLE					Chang	ge Addition
NAME			4. 2 NAME						ļ
STREET ADDRESS			4 3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Chang	ge
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		······································			Chang	ge
NAME			6.2 NAME						1
expect appears			6.3 STREE	TADDRESS					i

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 suppliemed at 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 office, 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 chapted, or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if cha

6.4 CITY-ST-ZIP

STREET ADDRESS

CR2E034 (11/98)

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