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 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **573473** **(6)**

1. Corporation Name
KAMPLEX, INC.

Principal Place of Business
302 E MELBOURNE AVE
MELBOURNE FL 32901
US

Mailing Address
PO BOX 6015
DELRAY BCH FL 33484-0015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 33482-6015 County 30

4. FEI Number: 59-1827072 ☐ 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

KAMINSKI, KARL T
302 E MELBOURNE AVENUE
MELBOURNE, FLA
32901

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KAMINSKI, KARL T
STREET ADDRESS	302 E MELBOURNE AVE
CITY ST ZIP	MELBOURNE, FL 00000
TITLE	S
NAME	KAMINSKI, PAMELA J
STREET ADDRESS	302 E MELBOURNE AVE
CITY ST ZIP	MELBOURNE, FL 00000
TITLE	V
NAME	JONES, DONALD C
STREET ADDRESS	4024 NW 2ND TERR
CITY ST ZIP	BOCA RATON, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 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)(k), 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: Ted Kaminski TED KAMINSKI 4/26/95 407/734 8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430007 FP