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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **578598** **(5)**

1. Corporation Name
KAIMONA, INC.

Principal Place of Business	Mailing Address
2100 NEW RIVER CENTER 200 E LAS OLAS BLVD FT LAUDERDALE FL 33301-2100 US	2100 NEW RIVER CENTER 200 E LAS OLAS BLVD FT LAUDERDALE FL 33301-2248 US

3. Date Incorporated or Qualified: **06/29/1978**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business	2a. Mailing Address
21 1615 S. CONGRESS AVE.	26 1615 S. CONGRESS AVE.
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip 24 33445	Country 25
Zip 29 33445	Country 30

4. FEI Number: **59-1839399** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ROGER, SCHIPKE W		1.2 NAME	ALBERT J. DUNLAP	
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100		1.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	TOTTE, ROBERT P		2.2 NAME	ROBERT P. TOTTE	
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100		2.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	TD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	PAUL, O'HARA M.		3.2 NAME	RUSSELL A. KERSH	
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100		3.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DAVID, FANNIN C.		4.2 NAME	DAVID C. FANNIN	
STREET ADDRESS	200 E. LAS OLAS BLVD. STE. 2100		4.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: Robert P Totte ROBERT P. TOTTE 1-22-97 (561) 243-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #