

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90292 005 ***150.00

DOCUMENT # 578598

1. Corporation Name
KAIMONA, INC.

Principal Place of Business

1615 S CONGRESS AVE
SUITE 200
DELRAY BCH FL 33445
US

Mailing Address

1615 S CONGRESS AVE
SUITE 200
DELRAY BCH FL 33445
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1978

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2381 EXECUTIVE CENTER DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 2381 EXECUTIVE CENTER DR.
Suite, Apt. #, etc.

22 BOCA RATON, FL
City & State

27 BOCA RATON, FL
City & State

23 33431
Zip

28 33431
Zip

24 Country

25 USA

29 Country

30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DUNLAP, ALBERT J
STREET ADDRESS 1615 S CONGRESS AVE, SUITE 200
CITY-ST-ZIP DELRAY BCH FL

DELETE

TITLE V
NAME TOTTE, ROBERT P
STREET ADDRESS 1615 S CONGRESS AVE, SUITE 200
CITY-ST-ZIP DELRAY BCH FL

DELETE

TITLE VD
NAME KERSH, RUSSELL A
STREET ADDRESS 1615 S CONGRESS AVE, SUITE 200
CITY-ST-ZIP DELRAY BCH FL

DELETE

TITLE SD
NAME FANNIN, DAVID C
STREET ADDRESS 1615 CONGRESS AVE, SUITE 200
CITY-ST-ZIP DELRAY BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME PAUL E. SHAPIRO
1.3 STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

Change Addition

2.1 TITLE VICE President-Taxes
2.2 NAME Robert P. TOTTE
2.3 STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
2.4 CITY-ST-ZIP BOCA RATON, FL 33431

Change Addition

3.1 TITLE VICE President & SECRETARY
3.2 NAME JANET G. KELLEY
3.3 STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
3.4 CITY-ST-ZIP BOCA RATON, FL 33431

Change Addition

4.1 TITLE VICE President & TREASURER
4.2 NAME RONALD R. RICHTER
4.3 STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
4.4 CITY-ST-ZIP BOCA RATON, FL 33431

Change Addition

5.1 TITLE ASSISTANT SECRETARY
5.2 NAME CHERYL M. O'HARA
5.3 STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Robert P. Totte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

561-912-4441

Daytime Phone #

CR2E034 (1/198)