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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

657184

(8)

FILED Apr 29 1998 8:00am Secretary of State

K & N	A ADJUSTERS, INC.	(0)			
Principal Plac	e of Business	Mailing Address		1 (40)(8 0)(8) 8(1)(1000) 1188(1811(8)8(8)8(E MANGEL MENTE NEWES NEWSTERN
3444 RIVIERA DR. P.O. 2056 KEY WEST FL 33040 P.O. BOX 2056 US KEY WEST FL 33040 KEY WEST FL				DO NOT WRITE IN TH	IS SPACE
		US		3. Date Incorporated or Qualified	
				02/26/1980	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1967615	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
		- Zp	Country	8. This corporation owes or has paid the	
24	25 A Name and Address of Curr		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	on negisterou Agent	81 Name	10. Name and Address of New Registere	o Agent
	ILTON S. MRAVIC		Name		
3444 RIVIERA DR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
K	EY WEST FL 33040		83		
			63		
			84 City	-	85 Zip Code
44 Diversent	to the provisions of Continue CO7 65	00 and 007 1000 ft side Out I			L 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	outhorized by the corporatorida Stalutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
O'GHANONE	Signature, typed or printed name of registered a	gent and the it applicable (NOT)	Registered Agent's gnature requir	red where reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	MRAVIC, MILTON S.		1.2 NAME		
STREET ADDRESS	3444 RIVERIA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	- I person	1.4 CITY - ST - ZIP		
TITLE	0	☐ DELET E	2.1 TITLE		Change Addition
NAME	MRAVIC, MILTON S.		2.2 NAME		
STREET ADDRESS	3444 RIVIERA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	Doceste	2. 4 CITY-ST-ZIP		[Observe
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	3.4. CITY-ST · ZIP		Dhann [1420]
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City - St - ZiP 5.1 Title		Change Addition
NAME		E-1 DEFEN			Em criende Em Woorrou
STREET ADDRESS			5.2 NAME		
T I			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S1-ZIP 6.1 TITLE		Change Addition
NAME		[_] precit			C. Sugnigo C. Manilloit
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

indicated on this annual report or 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 attachmost with an address.