

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 661905 (0)

1. Corporation Name

KILBRIDE MANAGEMENT SERVICES, INC.

Principal Place of Business

**1850 NE 48TH ST.
SUITE 136
POMPANO BEACH FL 33064**

Mailing Address

**1850 NE 48TH ST.
SUITE 136
POMPANO BEACH FL 33064**

**APPROVED
AND
FILED**

95 APR 17 PM 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/17/1980	3a. Date of Last Report 04/13/1994
4. FEI Number 59-2002435	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**HUME, JOHN
HUME & JOHNSON P.A.
1401 UNIVERSITY DR., SUITE 301
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PITTKIN, KENNETH D	1.2 NAME	
STREET ADDRESS	1850 NE 48TH ST., #136	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MAURO, JOSEPH	2.2 NAME	
STREET ADDRESS	1850 NE 48TH ST., #136	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HANNA, JUDY	3.2 NAME	
STREET ADDRESS	1850 NE 48TH ST., #136	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33064	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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:

Judy Hanna Secretary/Treasurer

4/5/95

(305) 781-3417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE