FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 705869

KNIGHTS OF THE ROUND TABLE, INC.

*	•									
Principal Place of Business Mailing Address										61811 (##I
4491 CRYSTAL LAKE DRIVE			E						// 	
C-103	Care on	C-103	•							
POMPANO BCH FL 33064 POMPANO BEACH FL 33064						3 188911 (BOS) BOILD		(2), 6)61, 616		Tián raai
US	•	UŞ						•		
	<u> </u>					3. Date Incorporated	or Ougliford			
Principal Place of Business Za. Mailing Address						07/08/1963	ui Qualileu			
21	`.	26					<u> </u>		- l langi	ied For
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.				4. FEI Number				
2		27				59-1059249				Applicable
City & State	3	City & State				5. Certifcate of Statu	s Desired		\$8.75 Ad	
23		28								
Zip	Country	Zip	Cou	ntry		6. Election Campaign			\$5.00 M	,
24	25	29	30			Trust Fund Contrit			Added to	rees
<u></u>	9. Name and Address of Current	t Registered Agent		Щ.		10. Name and Addre	ss of New	Registered	Agent	
	the state of the state of			81	Name					
1101/1451	DOCED I			82	Street Add	ress (P.O. Box Number is	Not Accept	table)		
HIUKMAN,	ROGER L	C. C		""	J. 1001 /100					
	STAL LAKE DRIVE C-103			83						
POMPANO	BEACH FL 33064								85 Zip Co	nde
		•		84	City	•		Fl	_ 65 210 01	********
A CONTRACTOR	100 1 10 10 10 10 10 10 10 10 10 10 10 1	o J.C47 4509 Florido Statul	tee the a	hove	-named con	poration submits this state	ment for the	е ригрозе о	f changing its r	egistered
11. Pursuant t	to the provisions of Sections 617.050.	of Florida. Such change was a	uthorized	by t	the corporat	ion's board of directors. I	ereby acce	opt the appo	intment as reg	STOFOO :
POMagent. Har	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	tions of, Section 617.0503, Flo	orida Stat	utes.	•	tiên la aula ∰ r	market an indicate	Caren Car S	St. 7 - 54 - 31 - 52 - 4 - F -	1164
DICMATURE	1.0	V :						DATE	· · · · · · · · · · · · · · · · · · ·	 .
SIGNATURE	Signature, typed or printed name of registered ager		E: Registered	Agent	t signature requir	ed when reinstating) ADDITIONS/CHAN	GES TO O		ND DIRECTOR	S IN 12
12.	OFFICERS AN	ID DIRECTORS	_		7	9 - 81 236			Change	Addition
TITLE '	D	☐ DELETE	1.1 Π			7 (47) 2 00			. —	
NAME	HANSEN, GORM P		1,2 N	AME		or sydesprops				
STREET ADDRESS	1501 SE 23RD AVE		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	POMPANO BEACH, FL 00000		1.4 0	1TY-51	T-ZIP				Change	Addition
TITLE	SD	☐ DELETE	2.1 TI	ΠLE					Change	
NAME	ROBINSON, SUMNER		2.2 N	AME		•				
	AND MARKET LANCE		2.3 S	TREET	T ADDRESS	•				
STREET ADDRESS	DEERCREEK FL		2.40	CITY-S	ST-ZIP			·		
CITY-ST-ZIP		☐ DELETE	3.1 T						☐ Change	Additio
TITLE	PD FD		3.2 N							
NAME	ROWLAND, ED	`.*,			TADDRESS					
STREÉT ADDRÉSS	5739 PINE TERRANCE		B		1					
CITY-ST-ZIP	PLANTATION FL	☐ DELETE	_	CITY-S	31-ZIP				☐ Change	· 🔲 Additio
TITLE	T	INDELETE		TLE		•			. – •	
NAME CARTA	SCHMIDT, J. F				1			ing the back	34、 大线接受支持的第	
STREET ADDRESS	William Anna Attended Tenn	1-10 ·	4.21			#A geogle	医高种核	· * * \$ \$ \$	李、初西新春	接貫鐵
Crîy-ST-ZIP		7.2% 	4.3 5	TREE	T ADDRESS					
TITLE	BOCA RATON FL	Augustina Maria Maria	4.3 5	TREE	T ADDRESS				Change	Addition
	BOCA RATON FL	7.2% 	4.3 S 4.4 C 5.1 T	STREE CITY-S TITLE	T ADDRESS	And the second			☐ Change	☐ Additic
NAME	D	Augustina Maria Maria	4.3 S 4.4 C 5.1 T	TREE	T ADDRESS	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		A STATE OF THE STA	☐ Change	Addition
NAME expect andress	D BETTERMAN, ROBERT	Augustina Maria Maria	4.3 S 4.4 C 5.1 T 5.2 N	STREET SITY-S TITLE NAME	T ADDRESS				Change	Additio
STREET ADDRESS	D BETTERMAN, ROBERT 2004 BAY DRIVE	Augustina Maria Maria	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	STREET SITY-S TITLE NAME	T ADDRESS ST-ZIP ST ADDRESS					
	D BETTERMAN, ROBERT	Augustina Maria Maria	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP ST ADDRESS		· 图· · · · · · · · · · · · · · · · · ·	The state of the s	☐ Change	Additio

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 617, 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:

SCHIRRMAN, GEORGE

3038 E COMMERCIAL BLVD

FT LAUDERDALE, FL 00000

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90005 041 ****61.25