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 #

F05537

(8)

KIRILL SUZUKI, INC.

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FILED

Mar 25 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address							ANI NANIL NINILI I	10011 WINII 0101	ii 4 1811 18 3 1	
1285 CASSAT AVE JACKSONVILLE FL 32205		1285 CASSAT AVE JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 11/14/1980				
 Principal P 	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2056864		- 	optied For ot Applicable		
Suite, Apt.	#, etc.	Suite, Ap1. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re			
City & State	θ	City & State			,	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country 25	Zip 29	30 Co.	ntry		This corporation owes or has personal Property Tax due June			angible] No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
KIRILL, PETER JR.					81 Name					
3827 ÖRTEGA LAVD. JACKSONVILLE FL 32210				82 Stree	et Addre	ss (P.O. Box Number is Not Accepta	ble)			
UA:	ONOOHVILLE 1 L OZZ 10			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.									s registered registered	
SIGNATURE										
SIGNATURE	Signature, typed or printed harne of registered ag-	cut and the if applicable (N	OTE Registere	Agent signal	ure requirec	o when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI				
TITLE	V	☐ DELET e	1.1 TI	LE			l	Change	☐ Addition	
NAME	CHANCEY, KENNETH L	1.2 1		ME						
STREET ADDRESS	1801 LAKE EDGE DR.			1.3 STREET ADDRESS						
CITY - ST - ZIP	MIDDLEBURG FL 32068		1.4 CI	Y-ST- Z IP						
TFILE	ST	☐ DELETE	2.1 10	LE			l	Change	Addition	
NAME	CROZIER, GAIL		2.2 N/	ME						
STREET ADDRESS	2016 N. 10TH ST.		2.3 \$1	REET ADDRES	3					
CITY-ST-ZIP	JACKSONVILLE FL 32250		2.40	TY-ST-ZIP			:			
1ITLE		☐ DELETE	3.1 (1)	LE			Ĺ	Change	Addition	
NAME			3.2 N/	ME						
STREET ADDRESS			3.3 S1	REET ADDRES	ŝ					
CITY-ST-ZIP		V		TY-ST-ZIP						
TITLE		☐ DELETE	4.1 10				L	Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET ADDRES	ۮ					
CITY-ST-ZIP				Y-ST-ZIP		·		7.0	1 1449	
TITLE .		☐ DELETE	5.1 TI		-		L	Change	☐ Addition	
NAME			5.2 N							
STREET ADDRESS			5.3 \$1	REET ADDRES	³					
CITY-ST-ZIP		[7] or or		Y-ST-ZIP				T Character	Addition	
TITLE		☐ DELETE	6.1 TI				L	Change	Addition	
NAME			6.2 N/							
STREET ADDRESS			6.3 ST	REET ADDRES	ا ذ					

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 of 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 of province and address.