

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F44543** (9)
1. Corporation Name
KANTNER INVESTMENT CORPORATION

Principal Place of Business
**740 COLORADO AVE. SUITE B.
PO BOX 2353
STUART FL 34995**

Mailing Address
**740 COLORADO AVE. SUITE B.
PO BOX 2353
STUART FL 34995**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1981

2. Principal Place of Business
21 **734 COLORADO AVENUE**
Suite, Apt. #, etc.
22 **SUITE B**
City & State
23 **STUART FLORIDA**
Zip
24 **34994** Country
25 **USA**

2a. Mailing Address
26 **P.O. BOX 2353**
Suite, Apt. #, etc.
27
City & State
28 **STUART, FLORIDA**
Zip
29 **34995** Country
30 **USA**

4. FEI Number
59-2703023

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**SILVERMAN, THOMAS N.
4400 PGA BLVD., SUITE 102
PALM BEACH GARDENS FL 33410**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODROW, KANTNER	
STREET ADDRESS	740 COLORADO AVE STE B	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	WOODROW, KANTNER	
STREET ADDRESS	740 COLORADO AVE STE B	
CITY-ST-ZIP	STUART, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	734 COLORADO AVE. - Suite B
1.4 CITY-ST-ZIP	STUART, FL. 34994
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	734 COLORADO AVE. - Suite B
2.4 CITY-ST-ZIP	STUART, FL. 34994
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: **X Woodrow Kantner** **Woodrow Kantner 2/5/98** **561/283-3380**

CR2E034 (10/97)