

07071999-90009-044-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

39.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JUL 26 AM 8:32

DOCUMENT # F67570

1. Corporation Name TEMPTATIONS BY KATHY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12442 WILES ROAD CORAL SPRINGS FL 33076-2214 Mailing Address 12442 WILES ROAD CORAL SPRINGS FL 33076-2214

3. Date Incorporated or Qualified 02/17/1982 4. FEI Number 59-2283334 Applied For Not Applicable 5. Certificate of Status Desired \$6.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business 21 2a. Mailing Address 2a - 17944 WILES RD 22 Suite, Apt. #, etc. 27 City & State 23 City & State 28 Coral Springs FL 24 Zip 25 Country 29 33076 30 USA

9. Name and Address of Current Registered Agent MERKLEIN, JACK E. 9803 NW 36 MANOR CORAL SPRINGS FL 33065

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 SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Kathleen M. Merklein and Jack E. Merklein.

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-2-99 958.755-4780 Date Day/Time Phone #

CR2E034 (5/89)