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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002035

KMC IEI	LECOM INC.	002000						
Principal Place	of Business	Mailing Address						
1545 ROUTE 206. SUITE 300 1545 ROUTE 206. SUITE 300 BEDMINSTER NJ 07921-2567 BEDMINSTER NJ 07921-2567								
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/24/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		_	plied For
21		26			63 -11432 <u>32</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional equired
22 =	and the second s	27						
City & State	9	City & State			6. Election Campaign Financing		\$5.00 Added 1	
23		28	Carratar		Trust Fund Contribution	l Labor		IO FEES
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year inta	ingible □Yes	□No
24	25	29 30	1		Personal Property Tax. 10. Name and Address of New F	Pegistered A		
	9. Name and Address of Current	t Registered Agent	81	Name	To. Halle and Addition of the state of the s			
CT	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82 Str		ess (P.O. Box Number is Not Accepta	able)		
	NTATION FL 33324		83		. 48			
							11 	
			84	City		FL	85 Zip (Code
		0 4 007 4500 El-id- Ct-bd	45	named corns	vation submits this statement for the	numose of o	changing its	registered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth- tions of, Section 607.0505, Florida	Statutes.	ne corporation		purpose of cot the appoin	changing its tment as re	registered gistered
office or n agent. I a	egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was auth- tions of, Section 607.0505, Florida	Statutes.	named corpone corporation	n's board of directors. Thereby accep	DATE	anem as re	
office or nagent. I as SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligat signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was auth- tions of, Section 607.0505, Florida at and title if applicable. (NOTE: Re-	Statutes.	ne corporation	when reinstating)	DATE	anem as re	
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office or nagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State or m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN CD KAMINE, HAROLD N	of Florida. Such change was auth- tions of, Section 607.0505, Florida at and title if applicable. (NOTE: Re-	gistered Agent s 1.1 TITLE	signature required	when reinstating)	DATE	D DIRECTO	DRS IN 12
office or n agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN CD KAMINE, HAROLD N 1545 ROUTE 206, STE 300	of Florida. Such change was auth- tions of, Section 607.0505, Florida at and title if applicable. (NOTE: Re-	gistered Agent s 13. 1.1 TITLE 1.2 NAME	signature required	when reinstating)	DATE	D DIRECTO	DRS IN 12
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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 supplier at 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 truetee 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 ap attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

WOIKED

Daytime Phone #

☐ Change

Addition