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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90176 043 ***150.00

DOCUMENT # F9600004317

1. Corporation Name

| KAM TEI | L INTERNATIONAL INC. | | | | | | |
|---|--|---|----------------------------|-------------|-------------------------------------|---------------------------------------|----------------------|
| Principal Place | e of Business | Mailing Address | | | (630100 1110 13113 01111 08111 001 | (1 00%) (00%) 1 00%) 1 41000 1 1 1 1 | i 11811 661 1861 |
| 3020 NW 33RD FT LAUDERDAL | AVE | 7177 W OAKLAND PARK BLVD LAUDERHILL FL 33313 | | | DO NOT WEIT | E IN THIS SPACE | |
| | | US | | - | Do Not With Do Not With Do Not With | E IN THIS SPACE | 1 |
| | | | | | 08/21/1996 | | ļ |
| 2 Dringing D | lace of Business | 2a. Mailing Address | | | 4. FEI Number | - ΙΔ | oplied For |
| — · | lace of Business | □ ~ ~ . | . I Flant | المدرح | 95-4520085 | ├ }` | ot Applicable |
| Suite, Apt. | # etc | 26 /2(e0 2. CAKLA Suite, Apt. #, etc. | MUD PHEK D | ZOD | | | Additional |
| 22 | #, dtc. | 27 | | | 5. Certifcate of Status Desired | 1 1 | equired===== |
| City & State | 6 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 FT. LAWER A | IF FL | | Trust Fund Contribution | , , | to Fees |
| Zip | Country | 28 FT. LAUDERDA | Country | | 8. This corporation owes the curre | ent year Intangible | |
| 24 | 25 | 29 35334 30 | | | Personal Property Tax. | □Yes | □No |
| 21 | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| 81 Name | | | | | | | |
| FUHRMEISTER, J C | | | | Addres | s (P.O. Box Number is Not Accenta | hle) | |
| 2200 NE 16 CT | | | | 0 | s (P.O. Box Number is Not Accepta | ARK BLUD. | · |
| FT LAUDERDALE FL 33305 | | | | | | | į |
| | | 11/ | 04 65 | | | 85 Zip | Code . |
| | | | 84 City | LAU | DERDALE | FL | 1274 |
| 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Flories Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familia with anti-accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | |
| SIGNATURE | Signature, typed or printed name sergistered agent | and title if applicable. (NOTE: Re | gistered Agent signature n | required w | hen reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTO | DRS IN 12 |
| TITLE | DC | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | MCDANIEL, KEITH V | | 1.2 NAME | | | | |
| STREET ADDRESS | PO BOX 33979 N/A | • | 1.3 STREET ADDRESS | 315 | I TASMINE DRIVE | - | |
| CITY-ST-ZIP | N GLEN CO 80233 | | 1,4 CITY-ST-ZIP | 1 50 | RAY BEACH, FL | 33483 | |
| TITLE | P | DELETE | 2.1 TITLE | D | | ∑ .Change | ☐ Addition |
| NAME | CHARLES, BRUCE A | | 2.2 NAME | | _ 1 | • | |
| STREET ADDRESS | 3608 SOUTHRIDGE BLVD | • | 2.3 STREET ADDRESS | 315 | I JASMINE DRIVE | | Į |
| CITY-ST-ZIP | MURFREESBORO TN 37128 | | 2.4 CITY-ST-ZIP | NEL | RAY BEACH, FL | 33483 | } |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | RATH, BEVERLY J | | 3.2 NAME | | | | |
| STREET ADDRESS | 801 W 126TH CT | , | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WESTMINISTER CO 80234 | | 3.4. CITY-ST-ZIP | | | | j |
| TITLE | T | ☐ DELETE | 4.1 TITLE | <u> </u> | | Change | ☐ Addition |
| NAME | FUMRMEISTER, J C | • | 4. 2 NAME | | | | |
| STREET ADDRESS | 2200 NE 16TH CT | | 4.3 STREET ADDRESS | 124 | O E. OAKLAND P. | ALK BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33305 | | 4.4 CITY-ST-ZIP | EF | O E. OAKLAND P. LAUBERDALE, FL | 33334 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | \ <u>`</u> | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| SITT-SI-AF | | DELETE | 6.1 TTLE | t | | Change | Addition |

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an excite this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. his filling does not qualify for innual report is true and accu 14. I hereby certify that the information supplied with indicated on this annual report or supplementar officer or director of the corporation or the eceil Block 12 or Block 13 if changed, by on an altraction.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

R OR DIRECTOR

Date

Daytime Phone #