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

PROFIT **CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600004504 (4)

KNOWLEDGE MANAGEMENT GROUP INC. OF TAMPA Principal Place of Business Mailing Address 1715 N WEST SHORE BLVD 9390 AVEMORE CT SUITE 120 **DUBLIN OH 43017 TAMPA FL 33807** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1715 N. Westshore Blud 31-1473249 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Suite 120 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 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, typod or printed name of registered agent and litle if applicable (NOTF: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PTD TITLE 🔲 DELËTE 1.1 TITLE Change Addition ALLEN, JEFFREY R NAME 1.2 NAME CRZEG34 494 Lucerne Ave 9390 AVEMORE CT STREET ADDRESS 1.3 STREET ADDRESS Tampa, FL 33606 **DUBLIN OH 43017** CITY-ST-ZIP 1.4 CITY - ST - ZIP \_\_\_ Addition DELETE TITLE 2.1 TITLE ALLEN, ANNE G NAME 2.2 NAME 494 Lucerne Ave Tumpa, FL 33606 Change 9390 AVEMORE CT STREET ADDRESS 23 STREET ADDRESS **DUBLIN OH 43017** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City - ST - ZiP CITY-ST-ZIP

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.

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

3/24/96 813-636-0006

FILED

Mar 30 1998 8:00am

Secretary of State