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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # F9600 K INVESTMENT CORP.	0005525 (8))	
Principal Plac	e of Business	Mailing Address		I LEBNIOD NING IDNIO ENINI BENIN BUIN BUIN BANKI BANKI BANDI BUIND HODR DIIN TU
555 SW 12TH AVENUE #100 POMPANO BEACH FL 33069		555 SW 12TH AVENUE #100 POMPANO BEACH FL :		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/24/1996
	Place of Business	2a, Mailing Address		4. FEI Number Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		44-0351730 Not Applicat
22		27		5. Certificate of Status Desired Fee Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. No 10. Name and Address of New Registered Agent
F	PATEK, ROBERT C 155 SW 12TH AVENUE SUITE 100 POMPANO BEACH FL 33089 To the provisions of Sections 607,0502		83 City	FL 85 Zip Code poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agont. La SIGNATURE	m familiar with, and accept the obligat		rida Statutes. Registered Agent s gnature requi	
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE	L] Change L.] Additi
NAME	PATEK, ROBERT C		1 2 NAME	
STREET ADDRESS	333 CENTER ISLAND		1.3 STREET ADDRESS	
CITY-SI-ZIP TITLE	GOLDEN BEACH FL 33160 WCD	D SILETE	1.4 CITY+ST-ZIP 2.1 TITLE	☐ Change ☐ Additi
NAME	FORSYTHE, DEBORAH S	Jan Dittell	2.2 NAME	
STREET ADDRESS	210 FOSTER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES LA 50312		2 4 CITY-ST-ZIP	
TITLE	ST	DETELE	3.1 TITLE	☐ Change ☐ Additi
NAME	PATEK, SHERWOOD E		3.2 NAME	
STREET ADORESS	1706 CLAY STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHILLICOTHE MO 64601	T Brusse	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addit
NAME CTOTET ADDOLES			4. 2 NAME	
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS 4.4 CITY - ST- ZIP	
TITLE		DELETE	5.1 TITLE	Change Addit
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additi
NAME			6.2 NAME	

14. Thereby 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 eath; 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 charged, or on an attainment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

954-784-6008

FILED

Mar 09 1998 8:00am

Secretary of State