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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F

| 1. Corporation | N KIOSKS CORP | 903971 | • | | |
|--|--|---|--|---|--|
| Principal Place | e of Business | Mailing Address | | | |
| 4400 PGA BLVD. 440 SUITE 500 SUI | | 4400 pga blvd. Suite 500 Palm Beach Gardens fl 33410 | | DO NOT WRITE IN TH | IIS SPACE |
| FREM BEROTI OF | ARDENO I E WATO | THE DENGT WHIPEITO TE O | • 110 | 3. Date Incorporated or Qualifed 07/29/1997 | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | idad of Basilloss | 26 | | 59-3452641 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional . |
| 22 | * *** | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | |
| 24 | 25 | | 30 | Personal Property Tax. | Yes No |
| | 9. Name and Address of Current | Registered Agent | 241 | 10. Name and Address of New Register | ed Agent • |
| | IETT, CHARLES D JUSTRALIAN AVENUE SOUTH | | 81 Name 82 Street Add | ress (P.O. Box Number is Not Acceptable) | , |
| SUITE 800 WEST PALM BEACH FL 33401 | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 1 | | | | | L |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation | and 607.1508, Florida Statute: if Florida. Such change was au ons of, Section 607.0505, Flori | s, the above-named corp thorized by the corporation da Statutes. | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its registered pointment as registered |
| SIGNATURE | | AIOTE (| Registered Agent signature require | ed when reinstating) DATE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | СР | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MICHAEL, RICHARD | | 1.2 NAME | | |
| STREET ADDRESS 5200 N. OCEAN DRIVE, #1003 | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33404 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | APPEL, RANDALL S | | 2.2 NAME | | |
| STREET ADDRESS | ALE DOOLD HOLLOW DOAD OUTE 405 | | 2.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | MELVILLE NY 11747 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | ı | Change Addition |
| NAME | GRAYBILL, LARRY E | | 3.2 NAME | | |
| STREET ADDRESS | 22213 LARKSPUR TR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33343 | | 3.4. CITY-ST-ZIP | <u> </u> | |
| TITLE | | ☐ DELETE | 4.1 TITLE | rector | ☐ Change Addition |
| NAME | | | 4. 2 NAME | hilip L. Arvidson | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | Tarrington Circle | 404 |
| CITY-ST-ZIP | | | 4.4 CITY+ST+ZIP | Palm Beach Gardens F | 23404 |
| TITLE | | ☐ DELETE | 5.1 TITLE 4 | >irector ,, | ☐ Change Addition |
| NAME | <u> </u> | | 5.2 NAME | Ephald Limc Donald | |
| STREET ADDRESS | 1 | | 5.3 STREET ADDRESS | 1302 middle Lake Dr | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP 6.1 TITLE | TAMPA FL 336 | Change Addition |
| TITLE | | ☐ DELETE | | • | |
| NAME. | 1 00 00 00 00 00 00 00 00 00 00 00 00 00 | | 6.2 NAME | | |
| STREET ADDRESS | ASSESSED TO THE | | 6.3 STREET ADDRESS | | |

CITY-ST-ZIP 3.3 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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

04-22-1999 90100 024 ***150.00