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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000000713

THE KNR GROUP, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90270 010 ***150.00



					<u></u> '581488 1418 16181 1814 50114 501	rı əc rik bəlki işəri		
Principal Place	e of Business	Mailing Address						
3741-B COCK BLVD. 3741-B COOK BLVD.								
PO BOX 6378		PO BOX 6378		DO NOT WRITE IN THIS SPACE				
CHESAPEAKE V	/A 23323	CHESAPEAKE VA 23323		421	3,-Date-Incorporated or Qualifed			7
					02/05/1998			
	L. C.	A Mailing Address			4. FEI Number		polied For	1
	lace of Business	2a. Mailing Address			"		lot Applicable	-
21		Suite Ant # etc		54-1793587			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Security Fee Required			-	
22		City & State		<u> </u>			1	
City & State		City & State		6. Election Campaign Financing		May Be	1	
23		28		Trust Fund Contribution	-	tc Fees	4	
Zip	Country	Zip Country		•	8. This corporation owes the current year		INO	1
24	25	29	30		Persor al Property Tax.	Yes	18140	1
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registers	a Agent		1
О.Т.	CORROBATION SYSTEM		81	Name				
	CORPORATION SYSTEM		82	Street Acd	ress (P.O. Box Number is Not Acceptable)			1
l	SOUTH PINE ISLAND ROAD			<u> </u>				1
PLA	NTATION FL 33324		83					
			84	City		. 85 Zip	Code	1
			**	City	F		0340	
office or r agent. I a SIGNATUFE	egistered agent, or both, in the State in familiar with, and at cept the obligation of the obligation of the state of the obligation of th	ations of, Section 607.0505, Fi	orida Statutes	i. 	on's board of (lirectors. I hereby accept the appearance) But the second of the secon			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	OFIS IN 12] 8
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change		(11/98)
NAME	ROYSTER, KEITH		1.2 NAME					*
STREET ADORESS	ATTAC DI COOK DI UD		1.3 STREE	TADDRESS				R2E034
CITY-ST-ZIP	CHESAPEAKE VA 23323		1,4 CITY-S					2
TITLE	VSD	☐ DELETE	2 1 TITLE			Change	Addition	
	-WINSTEAD, HAROLD-JR-							ŀ
NAME				TADDRESS				1
STREET ADORE 3S								ł
CITY-ST-ZIP	CHESAPEAKE VA 23323	☐ DELETE	2, 4 CITY-1	51-ZIP		☐ Change	Addition	
TITLE	D DOLLAN IOCHIA							
NAME	LIVERMAN, JOSHUA		3.2 NAME	T. LDDDDEAG				
STREET ADDRESS	1			TADDRESS				}
CITY-ST-ZIP	CHESAPEAKE VA 23323		3.4. CITY-1	ST-ZIP		☐ Change	Addition	4
TITLE		☐ DELETE	4.1 TITLE			L Change	Addison	1
NAME			4, 2 NAME					
STREET ADDRE 3S			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP				4
TITLE		☐ DELETE	5,1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					1
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP				_
TITLE		☐ DELETE	6.1 TITLE		· · ·	☐ Change	☐ Addition	1
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY- S	ST-ZIP				1

the exemption stated in Section 119.07.3)(i), Florida Statutes. I further contribution that the information of that and that my signature shall have the same legal effect as if made under oath; that I am an expecute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. 14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental englar report is fixed officer or director of the corporation or the receiver or trudee empore Block 12 or Block 13 if changed, or or an apachinent with an address.

SIGNATURE:

OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR