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 # **F98000005151**1. Corporation Name

KCG ENTERPRISE, INC.

Principal Place of Business				Mailing Address					- I though the part only and only only don't don't have use her less				
7246 N.W. 66TH STREET			72	7246 N.W. 66TH STREET									
MIAMI FL 33166			M	MIAMI FL 33166					DO NOT WRITE IN THIS SPACE				
(<u> </u>	EIN THIS	SPACE		٦
Í									te Incorporated or Qualifed				
									9/14/1998				4
	Place of Business		_	. Mailing Address					i Number		}	plied For	- 5
21			26					165	5-0852679			t Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5 Cei	rtifcate of Status Desired	. 🗆	\$8.75		
22			27					4			Fee Re	quired	
City & State				City & State				6. Ele	ection Campaign Financing	П	\$5.00		
23				28					ust Fund Contribution		Added 1	o Fees	_
Zip	Country			Zip Country					is corporation owes the curre	nt year Inta		_	
24	25				30			- "	rsonal Property Tax.	•	Yes	□No	_
	9. Name and	Address of Curren	t Regis	stered Agent		ļ.,		10. Na	me and Address of New R	egistered A	ıg a nt		1
CAR	NOTATED EDIC	•				81	Name	•	•				
CARPENTER, ERIC C				82 Stree			Street Addre	Address (P.O. Box Number is Not Acceptable)					1
7246 N.W. 66TH STREET				62 Street At				(, , 5.	to be in the control As	ates, since	5 4 E.J. 2 7 4	. S. de servicione	
MIAI	MI FL 33166					83					A Section		1
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						84	City			FI	85 Zip (Jode -	
11. Pursuant	to the provisions	of Sections 607.050	2 and 6	607,1508, Florida Statuti	es, the	above	-named corpo	oration sul	bmits this statement for the	ourpose of o	hanging its	registered -	
office or r	registered agent.	or both, in the State	of Florid	da. Such change was a	uthorize	d by	the corporation	n's board	of directors. I hereby accept	the appoin	tment as re	gistered	
agent. i a	im familiar with, a	ing accept the obliga	tions of	f, Section 607.0505, Flo	rida Sta	itutes.		. 4	•				
SIGNATURE	Cleanting trend or pri	nted name of registered ager	at and title	if applicable /NOTE	Panietare	d Agen	signature required	l when reinste	ating)	DATE			_ ا
12. OFFICERS AND							algitature radulitoo	ure required when reinstating). (2.1) 14:5 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					1 8
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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 attackment with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90063 010 ***150.00