FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G20998 (2)

1. Corporation Name
K.A.M.M. CORP.

Principal Place of Business	Mailing Address
9701 BISCAYNE BLVD. P.O. BOX 531399 MIAMI SHORES FL 33138	9701 BISCAYNE BLVD. P.O. BOX 531399 MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: 01/25/1983
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 6340 Fox Run Circle
Suite, Apt. #, etc. 27
City & State 28 Jupiter, FL
Zip 29 33458 Country 30 USA

4. FEI Number: 59-2263215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9701 Biscayne Boulevard
83
84 City: Miami Shores, FL 85 Zip Code: 33138

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 ____________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ALLEN, WILLIAM M.	
STREET ADDRESS	19667 TURNBERRY WAY,#3-E	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	ALLEN, NINA	
STREET ADDRESS	19667 TURNBERRY WAY #3-E	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DVST	☐ DELETE
NAME	LURVEY, SUSAN E.	
STREET ADDRESS	9861 SW 6TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	6340 Fox Run Circle	
3.4 CITY-ST-ZIP	Jupiter, FL 33458	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ____________ April 17, 1996 407-575-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan E. Lurvey

CR2E034 (12/95)