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US51436

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G20998**

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



Principal Place of Business

~~9701 BISCAYNE BLVD.~~
~~P.O. BOX 33138~~
MIAMI SHORES FL 33138

Mailing Address

6340 FOX RUN CIRCLE
~~P.O. BOX 521200~~
JUPITER FL 33458
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6340 Fox Run Circle**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Jupiter, FL

28 City & State

29

24 Zip Country

33458 US

29 Zip Country

30

3. Date Incorporated or Qualified

01/25/1983

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 owes the current year Intangible Personal Property Tax. 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)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM M.	
STREET ADDRESS	19667 TURNBERRY WAY #3-E	
CITY-ST-ZIP	NO MIAMI BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ALLEN, NINA	
STREET ADDRESS	19667 TURNBERRY WAY #3-E	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LURVEY, SUSAN E.	
STREET ADDRESS	6340 FOX RUN CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

William M. Allen
WILLIAM M. ALLEN, President

04/01/99

561-575-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)