

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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90101 049 \*\*\*150.00

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 521208  
JUPITER FL 33458  
US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

21 6340 Fox Run Circle

Suite, Apt. #, etc.

22

City & State  
23 Jupiter, FL

Zip Country  
24 33458 25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country  
29 30

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 ☐ DELETE

NAME ALLEN, WILLIAM M.  
STREET ADDRESS 19867 TURNBERRY WAY, #3-E  
CITY-ST-ZIP NO MIAMI BEACH FL

TITLE DST ☐ DELETE

NAME ALLEN, NINA  
STREET ADDRESS 19867 TURNBERRY WAY, #3-E  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE DV ☐ DELETE

NAME LURVEY, SUSAN E.  
STREET ADDRESS 6340 FOX RUN CIRCLE  
CITY-ST-ZIP JUPITER 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 6340 Fox Run Circle  
1.4 CITY-ST-ZIP Jupiter, FL 33458

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 6340 Fox Run Circle  
2.4 CITY-ST-ZIP Jupiter, FL 33458

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99

Date

561-575-3660

Daytime Phone #

CR2E034 (11/98)