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 # G24375

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90070 019 ***150.00

K F CON	NCEPTS, INC.							
Principal Place	e of Business	Mailing Address			- I fabilii arim isait ataak inii racat aini asa	IS BIBSI BIBIL BIBIS BE	011 01011 100F	
Principal Place of Business 1325 SE 47TH ST. CAPE CORAL FL 33904 Mailing Address 1325 SE 47TH ST. CAPE CORAL FL 33904 CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE				
		•			3. Date Incorporated or Qualifed			
					02/16/1983			
Principal Place of Business 2a. Mailing Address					4. FEI Number	·	Applied For	
21		26 Suite Ant # oto	Suite, Apt. #, etc.		59-2292265	\$8.75 A	Applicable	
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	¬ '		5. Certifcate of Status Desired	Fee Rec		
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip Country		Zip			8. This corporation owes the current year Intangible			i
24			30		Personal Property Tax.			
9. Name and Address of Current Registered Agent			81	Name	To. Name and Address of New Register	eu Ageill		l
WH	TNEY, FRANK		<u> </u>	Division A Address	12 O Day Number in Not Acceptable)			l
	5 SE 47TH ST.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			l
CAP	E CORAL FL 33904		83					l
			84	City		85 Zip C	ode	
<u> </u>)		<u>L</u> 03 2.5		
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obligions.	e of Florida, Such change Wa	as authorized by	tne corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	pointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (1	OTE: Registered Ager	nt signature required				á
12.	OT FIGURE 7 AND DIVILOT OF THE		13.		ADDITIONS/CHANGES TO OFFICERS			4/00/
TITLE	I		1.1 TITLE			☐ Change	☐ Addition	7
NAME	111111111111111111111111111111111111111		1.2 NAME					20
- STREET ADDRESS	1020 02 17111 071			T ADDRESS				E
C/TY-ST-ZIP			1,4 CITY-S 2,1 TITLE	IT-ZiP		☐ Change	Addition	2
TITLE			2.2 NAME			C - cuevià-		
NAME	OF ATTL OT			TADORESS				
STREET ADDRESS	CAPE CORAL FL		2.4 CITY-5	- 1				_
CITY-ST-ZIP -				31-211		☐ Change	Addition	ĺ
NAME	3.		3,2 NAME	Ì				ļ
STREET ADDRESS	1		3,3 STREE	TADDRESS	•			
CITY-ST-ZJP			3.4. CITY-5	ST-ZIP				
TITLE			4,1 TITLE	\ _		☐ Change	Addition	1
NAME			4. 2 NAME					
STREET ADDRESS	DRESS 4.		4,3 \$TREE	TADDRESS				
CITY-ST-ZIP			4.4 C/TY-S	ST-ZIP		Change	☐ Addition	1
TITLE			- 1			☐ Change	☐ vanimu	
NAME			5.2 NAME	TADDBESS .				
STREET ADDRESS			5.3 STREE	TADDRESS .] .
CITY-ST-ZIP	11-SI-ZIP			1-21	East V. Shir Allia	Change	Addition	{
		6.2 NAME						
NAME	1		V 311C	1				1
STREET ADDRESS	,}		6.3 STREE	T ADDRESS			·	1

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: