

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G34406** (0)

1. Corporation Name

KAC, INC.



Principal Place of Business

Mailing Address

**3400 NE 192 ST
APT 403
AVENTURA FL 33180
US**

**3400 NE 192 ST
APT 403
AVENTURA FL 33180
US**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/31/1983

3a. Date of Last Report

01/26/1995

4. FEI Number

59-2279193

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

10. Name and Address of New Registered Agent

**CZARTORYSKI, KAROL
3400 NE 192 ST
APT 403
AVENTURA FL 33180**

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 607.0602 and 607.1108, 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 obligation of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of New Agent

OR

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
CZARTORYSKI, KAROL
3400 NE 192 ST APT 403
AVENTURA FL**

2. TITLE ☐ DELETE

**D
CZARTORYSKI, ALINE
3400 NE 192 ST APT 403
AVENTURA FL**

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

15. TITLE ☐ DELETE

16. TITLE ☐ DELETE

17. TITLE ☐ DELETE

18. TITLE ☐ DELETE

19. TITLE ☐ DELETE

20. TITLE ☐ DELETE

21. TITLE ☐ DELETE

22. TITLE ☐ DELETE

23. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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. I am an officer or director of the corporation in the report or trustee or 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration

CR2E034 (12/95)