FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FILED Apr 24 1998 8:00am Secretary of State

KANA [DEVELOP	MENT, INC.						
Principal Place of Business				Mailing Address				- I LOOKIN BOOK HOUR BLOUD BRIDG HINL OUR HOUR BLOUD BLOUD BLOUD BRIDG BRIDG 1954
3100 CLAY AVE. STE 275				3100 CLAY AVE. STE 275				
ORLANDO FL 32804				ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								10/28/1983
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-2337641 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$9.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	<u> </u>				Trust Fund Contribution Added to Fees
Zip		Country		Zip	Count		′	This corporation owes or has paid the current year Intangible
24	6 Name	25 29 30 Name and Address of Current Registered Agent		30	_		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
VO.			aur ueAis	stereo Agent		81	Name	10. Name and Address of New Registered Agent
Kramer, Stuart 3100 Olay Ave, Ste 275								
ORLANDO FL 32804							Street Ac	Address (P.O. Box Number is Not Acceptable)
UN	LANDO FL	32004				83		
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authogent. I am familiar with, and accept the obligations of, Section 607.0505, Florid						bovo d by tutes	e-named co the corpor s.	
SIGNATURE								
12.	Signature, lyped	or printed name of registered a OFFICERS A			TE Registere	d Age	ent signature rec	required when reinstating) DATE APPLICATION OF TAXABLE PROPERTY AND DISPOSITION AND DISPOSIT
TITLE	5	OFFICERS A	INC) LAINE (DELETE	1.1 }	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	_	R, SUMNER			1.2 N			
· ·	STREET ADDRESS 3100 CLAY AVE, STE 275						ADORESS	
CITY+ST-ZIP	ORLAND				4		T-ZIP	
TITLE	DP			DELETE	2.1 TI			☐ Change ☐ Addition
NAME	NIN, RAI	FAEL			2.2 N	AME		
STREET ADDRESS		AY AVE, STE 275			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ORLAND	00 FL			2.40	ITY-S	ST-ZIP	•
TITLE	VST			DELETE	3.1 TI	TLE		Change Addition
NAME	KRAMER, STUART			3.2 N		AME		
STREET ADDRESS		AY AVE, STE 275			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ORLAND	O FL				-	ST-ZIP	
TITLE				☐ DELETE	4.1 1)			Change Addition
NAME					4 2 N	IAME		
STREET ADDRESS					4.3 ST	TAEET.	ADDRESS	
CITY-ST-ZIP				T priese			T-ZIP	
TITLE			TT DETETE	DELETE 5.1 TITL			☐ Change ☐ Addition	
NAME PARCET APPROACE					5.2 N/		I Dances	
STREET ADDRESS					4		ADDRESS	
CITY-ST-ZIP TITLE				DELETE	5.4 Ci 6.1 Ti		1-ZIP	☐ Change ☐ Addition
NAME				piccic	6.2 N/		j	C Change C MODITION
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 CI			
	ortific that the	Autormation cupulied	with this d	ding duce not qualify t	0.4 U	11-31	i All	d in Continue 440 07/00(). Florido Continue 46 alternativo de la continue 4 alternativo

I nereby certify that the Normation 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 topol for 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 durpolation or the receiver of 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.

Stuart Kramer

4/15/98