Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90033 045 ***158.75

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 # G89792

KEMPER DIVERSIFIED SERVICES, INC. (K D S)								
KEMILEU	DIVERSILIED SERVICES	1140: (11 0 0)				L 1007(1) \$100 (0) 10 10 (0) (00 (0) (0) (0) (0) (0) (0)	A MARIE BIDAL BARAK	BIOLI BIOLI IOD
Principal Place of Business Mailing Address							(#:BI) BIB) BIBII	#3Est Athir sout
4312 N. SUNCOAST BLVD. 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428								
US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/09/1984		
2. Principal Place of Business 2a. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number	- A	pplied For
21		26	26			59-2422080	- N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired
City & State	э	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	•	to Fees
Zip	Country Zip		Country			8. This corporation owes the current year I		
24	25	25 29 30			Torona Topolis		□No	
	9. Name and Address of Curre	nt Registered Agent	_	1		10. Name and Address of New Registere	d Agent	
VEM	DED EDANCES A		Į	81	Name			ļ
KEMPER, FRANCES A. 4312 N. SUNCOAST BLVD.				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
CRYSTAL RIVER FL 34428				83			_	
				84	City		. 85 Zip	Code
						F	L	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	I by th	named corpo ne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its cintment as re	s registered egistered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	,						\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					signature required	when reinstating) DATE	AND DIDECT	ODC IN 12
12.	OFFICERS AND DIRECTORS PDS DELETE			13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	PDS VENDED EDANCES A		1.1 M					
NAME			. L		DOBECC			1
STREET ADDRESS	ACCURATE STREET, ALAKA			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			2.1 TIT		<u> </u>		Change	Addition
NAME			2.2 NA			•	_ •	
STREET ADDRESS	4312 N SUNCOAST BLVD		2.3 STREET ADDRESS		DORESS !	and the second of the second of	~ 	
CITY-ST-ZIP	CRYSTAL RIVER FL		2.40		1	•		
TITLE	CHION LE HIVEHTE	☐ DELETE	3 1 TIT				Change	Addition
NAME			3.2 NAM					
STREET ADDRESS			3.3 ST	REETA	ODRESS			1
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	ΓLE			Change	Addition
NAME			4. 2 N/	AME				
STREET ADDRESS			4.3 ST	REET A	DDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP			
TITLE		☐ DELETE					☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS	·		
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE			Chance	Addition
TITLE		☐ DELETE	1				☐ Change	☐ Addition
NAME				6.2 NAME 6.3 STREET ADDRESS				
STREET ADDRESS	İ		0.3 31	NEEL W				

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.

6.4 CITY-ST-ZIP

SIGNATURE: