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

VOLIN DAD A A LE

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H11608

KEMP REAL ESTATE, INC.

FILED
Feb 16 1998 8:00am
Secretary of State

DII DI

Principal Place of Business Mailing Address 4822 MILE STRETCH DRIVE 4822 MILE STRETCH DRIVE P. O. BOX 3134 P. O. BOX 3134 DO NOT WRITE IN THIS SPACE HOLIDAY FL 34690 HOLIDAY FL 34890 3. Date Incorporated or Qualified 07/10/1984 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-2428561 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May 8e 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KEMP, CAROL A. **5771 CATSKILL RD** 82 Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34690 83 City 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 reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VST DELETE Addition TITLE 1.1 TITLE Change KEMP, CAROL A. NAME 1.2 NAME 5771 CATSKILL RD STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change noitibhA TITLE 2.1 TITLE NAME KEMP, CAROL A 2.2 NAME 5771 CATSKILL RD STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 trusted 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.