## 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 # H19956**

1. Corporation Name K.A.E., INC.

Principal Place of Business

Mailing Address

## FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90228 050 \*\*\*150.00



| 5385 PALM AVENUE #1<br>PO BOX 2546 (PALM VLGE STATION)<br>HIALEAH FL 33012 | PO BOX 2546 (PALM VLGE STATIO<br>HIALEAH FL 33012 | N)   | DO NOT WRITE IN THIS   | SPACE                             |
|--|---|--|--|-----------------------------------|
|  |   |  | 3. Date Incorporated or Qualifed 09/05/1984                          |                                   |
| 2. Principal Place of Business   | 2a. Mailing Address                               |  | 4. FEI Number  | Applied For                       |
| 21   | 26  |  | 59-2451258   | Not Applicable                    |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |  | 5. Certificate of Status Desired                                     | \$8.75 Additional<br>Fee Required |
| City & State   | City & State                                      |  | 6. Election Campaign Financing                                       | \$5.00 May Be                     |
| 23   | 28  |  | Trust Fund Contribution  | Added to Fees                     |
| Zip Country  | Zip Cou   | ıntry  | This corporation owes the current year Int<br>Personal Property Tax. | angible<br><b>∑</b> Yes □No       |
| 9. Name and Address of Current Registered Agent                            |   | 10. Name and Address of New Registered Agent |  |                                   |
| KURZWEIL, SUETELLE   |   | 81 Name                                      |  |                                   |
| 8641 SW 84TH TERRACE   |   | 82 Street Addre                              | 2 Street Address (P.O. Box Number is Not Acceptable)                 |                                   |
| MIAMI FL 33143   |   | 83   |  |                                   |
|  |   | 1 1  |  |                                   |

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE KURZWEIL, SUETELLE 1.2 NAME NAME 8641 SW 84TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change DELETE TITLE 2.1 TITLE KUNZMAN, EDWIN, ESQ. 2.2 NAME NAME 15 MOUNTAIN BLVD 2.3 STREET ADDRESS STREET ADDRESS WARREN NJ CITY-ST-ZIP 2. 4 CITY-ST-ZIP [ ] Change Addition DELETE 3.1 TITLE TITLE KURZWEIL, SUETELLE 3.2 NAME NAME 8641 SW 84 TERR 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE KUNZMAN, JOYCE M. 4. 2 NAME NAME 15 MOUNTAIN BLVD 4.3 STREET ADDRESS STREET ADDRESS WARREN NJ 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME KURZWEIL, JODI L NAME 555 NE 34TH STREET, #2408 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 6.1 TITLE \_\_\_ Change ☐ Addition ☐ DELETE 6.2 NAME KURZWEIL, ALAN NAME 6.3 STREET ADDRESS 8641 SW 84TH TERRACE STREET ADDRESS 6.4 CITY-ST-ZIP **MIAMI FL 33143** 

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:

Alan Kurzweil, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-99

305-822-9555

CR2E034 (11/98

Zip Code