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 # H40108

KHFF, INC.

Principal Place of Business	Mailing Address
P. O. BOX 580337	4922 FORESTWOOD BOUL

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90128 029 ***150.00

Principal Plac	e of Business	Mailing Address	Mailing Address					
P. O. BOX 580			4922 FORESTWOOD BOULEVARD					
ORLANDO FL 3 US	32858	TYLER TX 75703 US	TYLER TX 75703			DO NOT WRITE IN THIS SPACE		
00		00				3. Date Incorporated or Qualifed		
						01/25/1985		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied Fo	эг	
21		26			59-2484393 Not Applic			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	al		
22 City 9 Ctat		City & State						
City & Stat		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Col	untry		This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes ENo		
	9. Name and Address of Curre		1001			10. Name and Address of New Registered Agent		
				81	Name	•		
	CHESON, KEN			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	B LOWAN COURT				Sileet Ad	uless (r.o. box rumber is recommonly		
ORL	ando fl 32835			83				
				84	City	■■ 85 Zip Code	-	
				**	City	FL FL FL FL FL FL FL FL		
SIGNATURE	Signature, typed or printed name of registered ag			_	t signature requi	uired when reinstating) DATE DATE	-	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ddition	
TITLE	PS	☐ DELETE	1.1 T			☐ Change ☐ A	ווטווטנ	
NAME	HUTCHESON, KEN		1	IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835	☐ DELETE	1.4 C	TTY-ST	-ZIP	- Change A	ddition	
	VPT CHUDMANN CDCD	Detert		IAME				
NAME	FUHRMANN, FRED	ADD			ADDRESS			
STREET ADORESS	4922 FORESTWOOD BOULEV TYLER TX 75703	AND		CITY-S				
CITY-ST-ZIP TITLE	TILER IX 73703	☐ DELETE	3.1 T		1-ZIF	☐ Change ☐ A	ddition	
NAME				IAME		_ , _		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
TITLE		☐ DELETE	4.1 T			☐ Change ☐ A	ddition	
NAME			4.21	NAME			ļ	
STREET ADORESS			4.3 S	TREET	ADDRESS		}	
CITY-ST-ZIP			4.4 0	ITY-ST	-ZIP	·		
TITLE		☐ DELETE	5.1 T			☐ Change ☐ A	ddition	
NAME			5.2 A	AME				
STREET ADDRESS			5.3 9	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	r-ZiP			
TITLE		☐ DELETE	6.1 T	TILE		Change A	ddition	
NAME	<u> </u>			IAME			}	
STREET ADDRESS			6.3 \$	TREET	ADDRESS		j	

6.4 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 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, in order attachment with an address, with all other like empowered.

SIGNATURE:

4/25/99

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