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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79655

(7)

KORNHABER INC.

| . • | | | | | | | | | | |
|---|--|-----------------------------------|-------------------------------------|---------------------------------|--------------------|--------------|---|------------------------|------------------------------|--------------------------|
| Principal Place of Business | | Mailing Address | Mailing Address | | | | | | 4484 - 5 1811 - 51811 | |
| W MURIEL KUTNER 817 DUVAL ST. KEY WEST FL 33040 | | | SUITE 313 KEY WEST FL 33040-5072 | | | | | | | |
| | | US | | | | | Date Incorporated or Qualified 10/08/1985 | 1 | ate of Last F 112/1996 | leport |
| _ | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | | 4. FEI Number | | Ar | pplied For |
| 21 | # - L- | 26 | | | | | 59-2733875 | | | ot Applicable |
| Sulte, Apt. | #, e(C. | Suile, Apt. #, etc. | 27 | | | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | 9 | City & State | ···· | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | T. On with | 28 | 1 | | | | Trust Fund Contribution | <u> Ц</u> | | to Fees |
| Zip Country | | Zip | · | | | | 8. This corporation has trability for i | ntangible 4 Yes = [| | . 199.032, |
| 24 | 25 9, Name and Address of Cur | 29 rrent Registered Agent | 30 | | | | Florida Statutes 10. Name and Address of New Re | *** | | |
| KIT | NER, MURIEL | | | 81 | Name | 2 | | , | | |
| | DUVAL ST. | | | | | . 4 | (0.0.0 | | | |
| • | | | | 82 | Street | Addres | ss (P.O. Box Number is Not Acceptab | 1e) | | |
| KEY | WEST FL 33040 | | | 83 | | | | | | |
| ·. | | | | 84 | City | | | | 85 Zip | Code |
| 11 Purcuant | to the provisions of Spetions 607 (| 0502 and 607 1609. Florida Sta | lutes the el | | l | d corre | ration automita this statement for the | FL | a Labonoine i | 40.00000000000 |
| office or r | egistered agent, or both, in the St | tate of Florida, Such change wa | as authorize | d by | the con | rporatio | ration submits this statement for the p n's board of directors. I hereby accep | arpose o at the app | r changing i pointment as | registered registered |
| • | m ramiliar with, and accept the of | oligations of, Section 607.0505, | Florida Stat | utes | • | | | | | |
| SIGNATURE | Signature, typed or printed name of registered | Fagon' and title if applicable (N | VOTE: Registeres | d Age | nl signaturr | re required | when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | 3\$ IN 12 |
| TITLE | P | | | 1.1 TITLE | | | | | ☐ Change | Addition |
| NAME | KUTNER, MURIEL | | 1.2 N | | 1.2 NAME | | | | | |
| STREET ADDRESS | 617 DUVAL ST. | | 1.33 | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | KEY WEST FL | | 1.4 CI | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | VP | ☐ DELETE | 2170 | 2 1 TOTLE | | | | | Change | Addition |
| NAME | KUTNER, PETER | | 2.2 N/ | ME | | | | | | |
| STREET ADDRESS | 4201 SO DECATUR BLVD | | 2.3 S1 | REET | ADDRESS | | | | | |
| Offy-81-ZIP | LAS VEGAS NV 33040 | | | ^ · · · · · | 31 - ZIP | | | | | |
| TITLE | S ADTINIO | DELETE | 3.1 TI | | | | | | ☐ Change | Addition |
| NAME | KUTNER, ARTHUR | ALITED BULD | 3.2 N/ | lM(| | | | | | |
| STREET ADDRESS | POLO CLUB 4201 SO DEC | ANTER BLVU. | 3.3 \$1 | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | LAS VEGAS NV 89103 | T 100,010 | | | ST - ZIP | · | | | | |
| THLE | _ | | | 4.1 TITLE | | | | | Change | ☐ Addition |
| NAME | • | | | 4. 2 NAME 4.3 STREET ADDRESS | | 1 | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | 4 CHY-ST-7IP | | - | | | Chones | Additio- |
| NAME | otter | | | 5.3 10TUE 5.2 NAME | | 1 | | | Change | Addition |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | ADDRESS | ' | | | | |
| TITLE | | ☐ DELETE | 5 / Cl 6 1 1/ | | 1-11- | | | | Change | ☐ Addition |
| NAME | | | 67 N/ | | | | | | CT Outside | |
| STREET ADDRESS | | | | | ADDRESS |] | | | | |
| GINECI ADUNESS | | | 0.851 | rit t i | WDD4F92 | 1 | | | | ŀ |

14. I do 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 eath; 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 inchanged, of on an attaymient with an address.

1/2/1912-205-294157

FILED

Apr 28 1997 8:00am

Secretary of State