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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

FILED Jan 30 1998 8:00am Secretary of State

1, Corporation Name KORNHABER INC.	(,,						
Principal Place of Business	Mailing Address				0 1901041 0111 19040 10410 01101 01401 0111 01511	BIBIT BIBIT BIBIT	THUIL DIGIT TOUL
% MURIEL KUTNER 1500 ATLANTIC 617 DUVAL ST. SUITE 313 KEY WEST FL 33040 KEY WEST FL 33040				DO NOT WRITE IN THI	S SPACE		
	US				3. Date Incorporated or Qualified]
					10/08/1985		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	—	pplied For
21 26					59-2733875	 	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	a, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	City & State	City & State		· · · · · · · · · · ·			
-	├ ─┐	¬ ´		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip Country	28	Coun	ntrv				
24 25		30	,		This corporation owes or has paid the questional Property Tax due June 30.		□ No
g. Name and Address of (<u> </u>			10. Name and Address of New Registere		
KUTNER, MURIEL			81	Name			
617 DUVAL ST.		-	B2	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
			2	Street Addre	ess (r.O. Dox Number is Not Acceptable)		
KEY WEST FL 33040		1	83				
		_	B4	Oite		lac Zio	Code
			04	City	F	85 Zip	Cool
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of regist	e State of Florida. Such change was an e obligations of, Section 607.0505, Flor	uthorized rida Statu	by tos.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	opointment a	s registered
	RS AND DIRECTORS	13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	BS IN 12
TITLE P			11 TITLE		ABBITTOTO, OF TANADES TO OFF TOURS AT	Change	Addition
1 *	KUTNER, MURIEL		12 NAME			_ •	_
STREET ADDRESS 617 DUVAL ST.		1.3 STR	1.3 STREET ADDRESS				
	KEY WEST FL		1 4 CITY-ST-ZIP]
TITLE VR			21 TITLE			Change	☐ Addition
NAME KUTNER PETER	KUTNER_PETER 22		ΛE				1
STREET ADDRESS 4201 SO DECATUR B	1004 00 000 100 0140		2.3 STREET ADDRESS				1
1101504011120040			2. 4 CITY-ST-ZIP				[
TITLE S	S DELETE 31		3 1 TITLE			Change	Addition
NAME KUTNER, ARTHUR			Æ				
, ,		3.3 STR	EET AI	DDRESS			
CITY-ST-ZIP LAS VEGAS NV 89103		3.4. CIT	Y-ST-	- ZIP			
TITLE	DELETE 4		4.1 TITLE			L Change	☐ Addition
NAME		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CI			ZIP			
TITLE	☐ DELETE	5.1 1\TLE		1		L Change	Addition
NAME		5.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			DDRESS			
CITY-ST-ZIP			i.4 CITY-ST-ZIP			Chance	Addition
TITLE			6.1 TITLE			☐ Change	Addition
NAME		6.2 NAM		200500			
STREET ADDRESS				DORESS			
CITY-ST-ZIP	olied with this filing does not qualify for	6.4 CITY			Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statioles. Further coming making 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.