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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39732

1. Corporation Name

KASLERS, INC.

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90014 017 ***150.00



						HAN DIN ELEN ELEN E		
Principal Place	e of Business	Mailing Address			. (198(19 9)\$\$ (1)(\$ 18()) 10069 (1)16 (1)5			
2730 U.S. #1 S		2730 U.S. #1 SOUTH						
SUITE A ST AUGUSTINE FL 32086		SUITE A	• • • •		DO NOT WRITE IN THE SPACE			
		ST AUGUSTINE FL 33	2086		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US .		us			10/28/1986			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	G)
21		26			59-2728873	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75		
22	سحدید حصید رینست بیجسید	27		, , , , , , , , , , , , , , , , , , , 	J. Collings of Clares	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28		-4-10-	Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip			8. This corporation owes the current ye			
24 25		29 .	30		Personal Property Tax. Yes No			
	9. Name and Address of Curre				10. Name and Address of New Regist	ered Agent		
VAC	AS SOLA CONTRACTOR			81 Name	•			
	s, Barry S. Outh Dixie Highway			82 Street A	ddress (P.O. Box Number is Not Acceptable)			
ST AUGUSTINE FL 32084		•			The Country of the Co	6+6: -1#1 911, 4+5 2 1 2 1 111 141 1411 1 1 1 1 1 1 1 1 1 1	* 7 1. E 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	i
3	AUGUSTINE PE 32004			83				i
1 1	•			84 City		- 85 Zip (Code	i
t sand the last	Personal P	communication and the second	4			<u>FL</u>		i
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the al	ove-named o	corporation submits this statement for the purporation's board of directors. I hereby accept the	ise of changing its appointment as re	registerea gistered	i
agent. I a	m familiar with, and accept the oblig	ations of Section 607.050	5, Florida Statu	ites.		•••	_	i
SIGNATURE		-55						
Old Williams	Signature, typed or printed name of registered ag			Agent signature rea	ADDITIONS/CHANGES TO OFFICER		DS IN 12	- 66
12.		ND DIRECTORS	13.			Change	Addition	CR2E034 (11/98)
गा∟€	D CARON BARRY C	☐ DELE			398 30870	onange		
NAME	KASS, BARRY S.	- ₄	1.2 NA					ုဗိ
STREET ADDRESS	2730 U.S. #1 SOUTH - SUITE	: A		REET ADDRESS				2
CITY-ST-ZIP	ST AUGUSTINE FL			TY-ST-ZIP		☐ Change	Addition	, 55 1
TITLE	PST INDICATE INDICE	☐ DELE		i				l
NAME ,.	JOHNSON, JANICE		2.2 NA	1				i
STREET ADDRESS				REET ADDRESS				l
CITY-ST-ZIP	ST. AUGUSTINE FL			TY-ST-ZIP	• •	Change	Addition	l
TITLE	8 1995 S.	DELÉ				L_ Change		
NAME:	विकित्रिक्षेत्र प्रदेशका		3.2 NA					l
STREET ADDRESS	GERBERT S. D. F.			REET ADORESS		器機構強		l
CITY-ST-ZIP	1			TY-ST-ZIP		Change	Addition	l
, TITLE	,	☐ DELE		1		C [Ottalige		l
'NAME U.S -1	F # - 11	2250 11 3 11 11	4.2 N			*	•	
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CITY-ST-ZIP	11.17.11	5)	4 4 CI	TY-ST-ZIP		☐ Change	Addition	
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	n,	:- DELE	TE 5.1 TH 5.2 NA 5.3 ST 5.4 CI	ME REET ADDRESS TY-ST-ZIP			Addition	
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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 or an attachment with an address with all attact like propowered.

SIGNATURE:

THE TYPES OF PRINTED NAME OF SIGNING OFFICES OF DIRECTOR

1-19-99 904-797-16666

Daytime Phone