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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J97309 1. Corporation Name KIRL MAA. CORPORATION

KINLIVIA CONFORATION	
Principal Place of Business	Mailing Address
450 FAIRWAYS CIRCLE. A-101 OCALA FL 32672	450 FAIRWAYS CIRCLE. A-101 OCALA FL 32672

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

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Principal Plac	ce of Business	Mailing Address						
450 FAIRWAYS CIRCLE. A-101 450 FAIRWAYS CIRCLE. A-101 OCALA FL 32672 OCALA FL 32672		A-101						
OCALA PL 320	ALA PL 320/2 UGALA PL 320/2				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					10/15/1987			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	17	Applied For	_ ح
21		26			59-2912960		Not Applicable	7
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	٦.°
22		27			5. Certificate of Status Desired	Fee	Required	
City_&,Sta	te	City & State			6. Election Campaign Financing	. \$5.0	May Be	
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible	_	
24	25	29	30		Personal Property Tax.	☐ Yes	□No	_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		_
DΩ	BERTSON, ALMA		81	Name				
			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			┪
	FAIRWAY CIRCLE A-101				the state of the s	and the state of t		
	ALA FL 32672		83		· · · · · · · · · · · · · · · · · · ·	為自己		
			84	City	The state of the s		Code	1
44 50 100	Augustus III. a. Stattiiki ministrianaa af Cantinga 607 0500	and 607 1509 Florida State	uton the show	namad sara	oration submits this statement for the purpo		te registered	- `
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	i Fiorida. Such change was	authorized by	tne corporation	on's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agen	t signature required	d when reinstating)	TE		ے ا_ a
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			- ♀
TITLE	PST	☐ DELETE	1.1 TITLE		表示的情况的	☐ Change	e	רון בֿ
NAME	ROBERTSON, ALMA		1.2 NAME					5
STREET ADDRESS			1.3 STREET	ADDRESS				μ
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST	r-ZIP				_ ջ
TITLE	ĺ	☐ DELETE	2.1 TITLE				e 🔲 Addition	n ^
NAME .		0 022212				☐ Change		
STREET ADDRESS		- O October	2.2 NAME			☐ Cuango	Addition	ſ
CITY-ST-ZIP		- J yettere	2.2 NAME 2.3 STREET	ADDRESS		· Cnange		
TITLE ,,,	A promotion of the second							
28.35	turn was re-	DELETE	2.3 STREET			Change		n
NAME: 122	Property Addition		2.3 STREET 2.4 CITY-S	T-ZIP				n ====================================
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O-45-480G	PASSI AME WESTERS TO THE	DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T-ZIP ADORESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ Change	e Addition	- =
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STREET ADDRESS CITY-ST-ZIP TITLE	1978 (39) A.B.L. 1988 (34) 1978 (7) 19 24 7: 1984	DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	T-ZIP ADORESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ Change	e 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 on an attachment with an address, with all other like empowered.