## 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

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90269 041 \*\*\*150.00

DOCUI 1. Corporation K.D.F., II		-					
11.01111							
Principal Place	e of Business	Mailing Address				#15(1 \$15() \$15 h es	BI( 0)811 (00)
% L. FRANK CHOPIN 440 ROYAL PALM WAY. STE 200 PALM BEACH FL 33480-4179 US		% L. Frank Chopin 440 Royal Palm Way. STE 200 Palm Beach Fl 33480-4179 US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE		
					11/16/1987		
2. Principal P	Place of Business	2a. Mailing Address		-	4, FEI Number		olied For
21		26			65-0016939		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A	
22		City 8 State					<del></del> -
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	•
Zip	Country		Country				7,5662
24 24	25	<del></del>	30		<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>		□No
24	9. Name and Address of Current	<del></del>	30		10. Name and Address of New Registered		
<del></del>		11091	81	Name			
	PIN, L. FRANK		82	Chroat Addi	Iress (P.O. Box Number is Not Acceptable)	<del></del>	
440 ROYAL PALM WAY			02	Street Addi	ress (P.O. Box Number is Not Acceptable)		
STE 200			83				
PALM BEACH FL 33480			84	City		85 Zip C	ode
			1	*	` <u></u> _`	L.   <u></u>	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	of Florida. Such change was aut	thorized by	the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe	of changing its reg	registered jistered
<del></del>	Signature, typed or printed name of registered agent		<u> </u>	t signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR  ☐ Change	RS IN 12
TITLE	PD KATH ETN D	☐ DELETE	1.1 TITLE				☐ Addition
NAME	FORD, KATHLEEN D.	000	1.2 NAME				,
STREET ADDRESS		200	1,3 STREET				
CITY-ST-ZIP	PALM BEACH FL 33480-4179		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE			2.2 NAME				
NAME STREET ADDRESS	CHOPIN, L. FRANK 440 ROYAL PALM WAY, STE 20	10	2.3 STREET	ADDESS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	PALM BEACH FL	IU .	2.4 CITY-S				
CITY-ST-ZIP TITLE	PALM DEACH FL	☐ DELETE	3.1 TITLE	1-ZIF		Change	Addition
NAME		_	3.2 NAME	Ì		_	
STREET ADDRESS			3.3 STREET	r address			
CITY-ST-ZIP			3.4. CITY-S				
TILE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	FADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADORESS			
CITY-ST-ZIP		·····	54 CITY-ST	r-zip			
TITLE			6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
OTDEET AGGGEGG	1		63 STREET	(ADORESS I			

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 control of 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 any oddess with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

2/16/99

Daytime Phone #