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

PROFIT
CORPORATION
ANNUAL REPORT
1998

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 17 1998 8:00am Secretary of State

| 1. Corporatio  | MENT # KO8512<br>HOUSE, INC.     | (1)                   |                                       |   |                  |
|--|----------------------------------|-----------------------|---------------------------------------|---|------------------|
| Principal Plac   | e of Business                    | Mailing Address       |                                       |   | ))( <b>150</b> † |
| 3825 SW 41   | ST                               | 3825 SW 41 ST         |                                       |   |                  |
|  | PARK FL 33023                    | PEMBROKE PARK FL 3302 | 3                                     | DO NOT WOITE IN THE COACE   |                  |
| US   |                                  | US                    |                                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                       | <del></del> 1    |
|  |                                  |                       |                                       | 12/16/1987  | ľ                |
| 2. Principal P   | lace of Business                 | 2a. Mailing Address   |                                       |   | ed For           |
| 21   |                                  | 26                    |                                       | 1   | pplicable        |
| Suite Apt  | #, etc.                          | Suite, Apt. #, etc.   |                                       | - \$8.75 Ado  | <del></del>      |
| 22   |                                  | 27                    |                                       | 5. Certificate of Status Desired Fee Requi  | ired             |
| City & Stat  | e                                | City & State          |                                       | 6. Election Campaign Financing \$5.00 Ma  | ıy Be            |
| 23   |                                  | 28                    |                                       | Trust Fund Contribution   |                  |
| Zip  | Country                          | Z <sub>0</sub>        | Country                               | 8. This corporation owes or has paid the current year Intang                        |                  |
| 24   | 9. Name and Address of Current I |                       | 30                                    | Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent | 40               |
| DU   | ILLIPS, ARTHUR S E               | TOGISTOTOG PIGOTO     | 81 Name                               |   |                  |
| 717 NW 2ND ST<br>HALLANDALE FL 33009   |                                  |                       |                                       | Address (P.O. Box Number is Not Acceptable)   | de               |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, by extra preference of registered agent and registered agent signature required when reinstating)  DATE |                                  |                       |                                       |   |                  |
| 12.  | OFFICERS AND                     |                       | 13.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I                                       | N 12             |
| TITLE  | PO                               | DELETE                | 1 1 TITLE                             | PRCSIDENT Y Change  | Addition         |
| NAME   | Samson, Robert Jay Ros           |                       | 1.2 NAME                              | SAMSON, ROBERT DAY KOSENHAL   | ļ                |
| STREET ADDRESS   | -3702-N.E-171-6T-#12 -           |                       | 1.3 STREET ADDRESS                    | SAMSON, ROBERT JAY ROSENHAL<br>12719 NW 11 PLACE                                    | [,               |
| CITY-ST-ZIP  | -NORTH MIAMI-BEACH PL            |                       | 14 CITY-ST-ZIP                        | SUNRISE, FL. 33323  |                  |
| TITLE  |                                  | ☐ DELETE              | 2.1 TITLE                             | Change C  | _ Addition [     |
| NAME   |                                  |                       | 2.2 NAME                              |   | ĺ                |
| STREET ADDRESS   |                                  |                       | 2 3 STREET ADDRESS                    |   | į                |
| CITY-ST-ZIP  |                                  |                       | 2 4 CITY-ST-ZIP                       |   |                  |
| TETLE  |                                  | ☐ DELFTE              | 3.1 TITLE                             | Change L  | Addition         |
| NAME   |                                  |                       | 3.2 NAME                              |   |                  |
| STREET ADDRESS   |                                  |                       | 3.3 STREET ADDRESS                    |   | :                |
| CITY-ST-ZIP  |                                  | DELETE                | 3.4. CITY-ST-ZIP                      | Change  | Addition         |
| TITLE  |                                  | biltit.               | 4.1 TOTLE                             |   | _ Addition       |
| NAME<br>070007 ADODESS   |                                  |                       | 4. 2 NAME                             |   |                  |
| STREET ADDRESS   |                                  |                       | 4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |   |                  |
| CITY-ST-ZIP<br>TITLE   | <del></del>                      | ☐ DELETE              | 5.1 TITLE                             | Change  | Addition         |
| NAME   |                                  |                       | 5.2 NAME                              |   | [                |
| STREET ADDRESS   |                                  |                       | 5.3 STREET ADDRESS                    |   | )                |
| CITY-ST-ZIP  |                                  |                       | 5.4 CITY-ST-ZIP                       |   |                  |
| TITLE  |                                  | DELETE                | 6 1 TITLE                             | Change L  | Addition         |
| NAME   |                                  |                       | 6.2 NAME                              |   | 1                |
| STREET ADDRESS   |                                  |                       | 6.3 STREET ADDRESS                    |   | 1                |
|  |                                  |                       |                                       | 1   |                  |

14. Thereby cortify 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 supplienced 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.