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

FILED

COF	PROFIT RPORATION UAL REPORT 1998		FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATIO		1	Jan 16 1998 8:00am Secretary of State			
	MENT # K541! SSOCIATES, INC.	57	(8)				Alan Alan Alan Alan A		
Principal Place of Business Mailing Address % KENNETH L BAGWELL 9399 COLLINS AVE., APT. 11-A 9399 COLLINS AVE., APT. 11-A MIAMI BEACH FL 33154 US WS WS WS Mailing Address % KENNETH L BAGWELL 9399 COLLINS AVE., APT. 11-A MIAMI BEACH FL 33154 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/03/1989			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		oplied For	
21 Suita Ast	# oto	26		. <u> </u>		65-0094660		lot Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State					5. Certificate of Status Desired	Fee F	Additional Required	
23	* * * * * * * * * * * * * * * * * *					6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip 24	25 29 30			puntry		This corporation owes or has paid Personal Property Tax due June 3	the current year la	ntangible	
	9. Name and Address of Curi	ent Registered Agent		81	Name	10. Name and Address of New Reg	stered Agent	99 <u>a. / 2 94 8/19</u>	
BAGWELL, KENNETH L. 9999 COLLINS AVE.						The state of the s	. 1. <u>122</u> 29834.		
APT. 11-A					Street Addre	ss (P.O. Box Number is Not Acceptable)	Mary Town	
MIAMI BEACH FL 33154									
				84	City	The second secon		Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Ste m familiar with, and accept the obl	502 and 607.1508, Flo te of Florida, Such cha igations of, Section 60	ida Statutes, the inge was authoriz 7,0505, Florida St	above ed by atutes	named corporation	oration submits this statement for the pur on's board of directors. I hereby accept	pose of changing the appointment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered	spent and title if applicable,	(NOTE: Register	ed Age	nt signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		
TITLE	D Bagwell, Kenneth L.	اليا		TITLE	}		☐ Change	Addition	
NAME STREET ADDRESS	9999 COLLINS AVE., APT.	114		NAME	ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL	11/1		CITY-SI	ľ		n agrico i s econo constitui cado		
TITLE				TITLE			☐ Change	Addition	
NAME			2.2	NAME	Ì	•		}	
STREET ADDRESS					ADORESS)			}	
CITY-ST-ZIP TITLE				CITY-S	T-ZIP_	The second secon	Change	Addition	
NAME		J.		NAME	}				
STREET ADDRESS			3.3	STREET	ADDRESS)	
CITY-ST-ZIP				CITY-S	r-zip	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	and the same		
TITLE		<u>i </u>	1	TITLE			L. Change	Addition	
NAME STREET ADDRESS			3 "	NAME Etdeet 1	ADDRESS			1	
CITY-ST-ZIP				CITY-ST			or 1 : 京東 (西)		
TITLE			ELETE 5.11	TTLE			Change	Addition	
NAME				IAME	-	•		}	
STREET ADDRESS.			1		ADDRESS			·	
TITLE			ELETE 6.1 7	ity-st Itle	- 4117	TELLING OF THE STATE OF THE STA	Change	☐ Addition	
NAME		_		IAME	1			[
STREET ADDRESS			6.3 S	TREET A	IDDRESS]	
CITY-ST-ZIP	actific that the later was all a second of	with this fillian day		TY-ST		ootlog 110 07/2\/2\ Classid - Otton	the or first at a	Transfer and the second	
14. I hereby certify that the information supplied with this filing does not quality 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.									