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

May 13, 1999 8:00 am Secretary of State

05-13-1999 90002 010 ***150.00

DOCUMENT #	K51105
1. Corporation Name K-Mel.	Λ
1 1/1/ex,	unc

Principal Place	te of Business	Mailing Address.	O Ci	
10 W	(Olan) Cin	10 Willia		
1	15 1 1 0 0	Fort Walt	on Beac	DO NOT WRITE IN THIS SPACE
faut u	Vallon Deach	Il 20-11	' D	3. Date Incorporated or Qualifed
		19 323 4	<u> </u>	1/11 / 1989
_ `	Place of Business	2a. Mailing Address		4. FE Number Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	· · · · · · · · · · · · · · · · · · ·	30	Personal Property Tax. Yes VNo
	9. Name and Address of Current	Registered Agent	94 No-	10. Name and Address of New Registered Agent
th. 0	· F. DI'		81 Name	KAREN HICKENBOTHAM
Her	new a hober	LON	82 Street	Address (P.O. Box Number is Not Acceptable)
3011		,	83	WILLARD Cin
304	rempose a	U	I For	RY WALTON BEACH
D and	9. 11 7 7251	/.o	84 City	FL 85 Zip Code 32549
10,200	an, 10, 3237	and 607 1500. Florido Statutos	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, Such change was aut	thorized by the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505 Florid	da Statutes.	N. V-1 2 -4/DM 1/22/90
SIGNATURE	Signature, typed or printed name of redistered agent a	nd little if applicable (NOTE: B	Registered Agent signature re	EU NICKEN BATT THIC 4/23//7
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Prea Don't	DELETE	1,1 TITLE	Prenile / D Defrange Addition
NAME	SAH D. L.	11	1.2 NAME	KAPEN HICKEN BOTHAM
STREET ADDRESS	Scott Kobins	50N 	1.3 STREET ADDRESS	10 Willow Q Cin a do
CITY-ST-ZIP	TORTH Dead	14 32541	1.4 CITY-ST-ZIP	Fort Walton Beach 15 32548
TITLE	VP .	Ø -B€LETE	2.1 TITLE	13+ VICE President Defiange Addition
NAME	meline & Robi	พรุอฟ	2.2 NAME	DEANNA HICK ENBOTHAM
STREET ADDRESS	304 Premson	. Cer	2.3 STREET ADDRESS	139 Walton Driva po
CITY-ST-ZIP	Destin 75 3	12541	2.4 CITY-ST-ZIP	Fort Walton Black 94 32548
TITLE	Sect.	DELETE	3.1 TITLE	ZNR Vica President Triange Addition
NAME	Scott RobINSOI	IJ	3.2 NAME	RICHARD HICKEN BETHAM
STREET ADDRESS	206 Forest St		3.3 STREET ADDRESS	139 VA DOWN SETNAM
CITY-ST-ZIP	Healen 78 32	541	3.4. CITY-ST-ZIP	4w B
TITLE	Treowner	DELETE	4.1 TITLE	Sect./ T Defiange Addition
NAME	Melin E Rok	いんちゃん	4. 2 NAME	TOM HICKENBOTHAM
STREET ADDRESS	304 Pringo	- au	4.3 STREET ADDRESS	10 W.11 APA 1.0
CITY-ST-ZIP	Destin 75	76541	4.4 CITY-ST-ZIP	
TITLE	percetor	⊈ o €lete	5.1 TITLE 5.2 NAME	
NAME	melin ERol	Langon	5.2 NAME 5.3 STREET ADDRESS	TOM HICKEN BOTHAM
STREET ADDRESS	304 Premase	52211	5.4 CITY-ST-ZIP	CHARLO CIE ROAD FI 32548
CITY-ST-ZIP	westen to	3 23 4 J □ DELETE	6.1 TITLE	TOK! WALTON DEACH I JOSTO
TITLE		☐ DETEIE	6.2 NAME	KAPEN UNIVERSA TILAN
NAME			6.3 STREET ADDRESS	KAREN HICKEUBOTHAM
STREET ADDRESS				END EL TOCIA
CITY-ST-ZIP	cortify that the information cumulical with	this filing does not qualify for the	6.4 CITY-ST-ZIP	In Section 119 07(3)(i) Florida Statutes - Further certify that the information
indicated	certify that the information supplied with on this annual report or supplemental a	uris illing goes not quality for the nnual report is true and accura	ne exemption stated ite and that my signa	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an

indicated on this annual report of supplemental annual report is true and accorded and that my signature shall have the same legal effect as it made differ 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.