## 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

## **DOCUMENT # K69016**

## FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90026 023 \*\*\*150.00

1. Corporation		0						
KIHKMAN	N BUILDING, INC.							
Principal Place of Business Mailing Address								
117 N. KIRKMAN ROAD 117 N. KIRKMAN ROAD								
ORLANDO FL 32811 ORLANDO FL 32811						DO NOT WRITE IN THIS SPA	ACE	
						3. Date Incorporated or Qualifed	-OL	
						02/20/1989		
2. Princinal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0101723	No	t Applicable
<del>. '</del>	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22	27						Fee Re	
City & State	9	City & State				1 - 11	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intang	ible Yes	<b>☑</b> No
24	25		30			Personal Property Tax.  10. Name and Address of New Registered Age		
	9. Name and Address of Curre	ant Registered Agent	£	B1	Name	To. Harris and Harris		
SCHAFFER, JOAN								
117 N. KIRKMAN ROAD			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811			1	83				
			L	_			e! Zin (	Code
			1	84	City	FL \	35 Zip (	Jude
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent; or both; in the Stat m familiar with, and accept the oblig	a of Florida∼Such chande was aut	inorized l	וז עם	-named corpo he corporatio	oration submits this statement for the purpose of cha in's board of directors. I hereby accept the appointm	nging its ent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F		gent	signature required			
12.	OFFICERS AND DIRECTORS				<del></del>	ADDITIONS/CHANGES TO OFFICERS AND I	RECTO Change	RS IN 12
TITLE	PCD	☐ DELETE 1.1 π					Change	☐ Addition
NAME	SCHAFFER, JOAN		1	1.2 NAME				
STREET ADDRESS	836 MAIN STREET				ADORESS			
C(TY-ST-ZIP	WINDERMERE FL 34786	☐ DELETE	1.4 CITY TE 2.1 TITL		-ZIP		Change	Addition
TITLE	STD			2.2 NAME				
NAME	JOHNSON, PEGGY 1108 OAKDALE ST.			2.3 STREET ADDRESS				}
STREET ADDRESS	WINDERMERE FL 34786			Y-ST				
CITY-ST-ZIP	VD VD	DELETE 3.17					] Change	☐ Addition
NAME	POZO, JOSEPH G JR.	3.2 N		Æ				
STREET ADDRESS	1924 33RD ST		3.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST	r-ZIP			
TITLE		DELETE 4.1T		Æ.			] Change	Addition \
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	REET	ADDRESS			
CITY-ST-ZIP				4.4 C/TY-ST-Z/P			100	(mg & 1.100 m.)
TITLE		☐ DELETE	5.1 TITLE			L	] Change	Addition
NAME			5.2 NAM		ADDDESS			
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP			6.1 TITL	TITLE			Change	Addition
TITLE			6.2 NAA			_	_ +	
NAME					ADDRESS			j
STREET ADDRESS			0.0011					\

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 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.

SIGNATURE:

SIGNSTLEF FOR OUT ON THE OF SIGNING OFFICER OR DIRECTOR

3/5/99 407

Daytime Phone #