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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K76729

OKEECHOBEE FL 34972-4162

KKFI, INC.

Mailing Address Principal Place of Business 313 WEST SOUTH PARK STREET

313 WEST SOUTH PARK STREET OKEECHOBEE FL 34972-4162

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90006 042 ***150.00



DO NOT WRITE IN THIS SPACE

	• • • • • • • • • • • • • • • • • • • •	•				3. Date incorporated or Q 03/30/1989	ualifed			
		L 2a Mailine Address				4. FEI Number		And	olied For	_
2. Principal Place of Business 2a. Mailing Address 21						65-0120029		 	Applicable	12
25 Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status De	sired []	\$8.75 A	dditional	ξ
27						5. Certificate of Status Desired . Fee Required				
City & State City & State					-	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country Zip				try		8. This corporation owes t	the current year Ir	ntangible		
24 25 29			30			Personal Property Tax.		Yes	□No	
<u></u>	9. Name and Address of Current	Registered Agent				10. Name and Address of	f New Registered	Agent	<u>.</u> .	
· · ·	والرواقات التي التي التي التي التي التي التي ال		10	B1 N	Name					
VARNADORE, MARGIE (公司3)WEST SOUTH PARK STREET			82 Street Address (P.O.			ss (P.O. Box Number is Not .	Acceptable)		· - -	
		502 Street Address			SO (C. DOX HAMILE IN THE TOTAL OF THE CO.	n nonepression .	dien gestert, by de	1912 - 1914 <u>- 1924 - 1</u>		
OKEECHOBEE FL 34974			1	83						
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			- 1	- 1	City		F!	** '		
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	, the ab	ove-na	amed corpo	ration submits this statement	for the purpose of	f changing its	registered	
Office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was auti	horized I	by the	e corporation	n's board of directors. I hereb	y accept the appo	ointment as reg	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statui	103.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ro	egistered A	vgent sig	gnature required	when reinstating)	DATE			: ا
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12`	
TITLE	DPS	☐ DELETE	1.1 TITL	.E		21, 3426399		Change	Addition	
NAME	VARNADORE, MARGIE		1.2 NAM			, G. G. Mariana.				;
STREET ADDRESS	AAA IM AAA WAA BADII AT			1.3 STREET ADDRESS						
	OKEECHOBEE FL			4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	T	DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	}
	VARNADORE, MARGIE	-	2.2 NAM				-			l
NAME	ALC ME COUNTY DADY OF			EET ADDRESS						
STREET ADDRESS	OKEECHOBEE(FLORIGHT)									ļ
CITY-ST-ZIP	OREEOHODEE & L. □ DELETE			2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	1
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NAME (CP)	West sources areas			VIE REET AD	NDDESS			#11 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	464	
STREET ADDRESS COMPOSET PLANS AND ADDRESS PROPERTY PROPER										
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP		2.5 d 8 1 (8) 1 5 12			Addition	1
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		☐ DELETE	6.1 TITL					☐ Change	Addition	۱ ٔ
NAME	943 W. No. SPECES P. P. C.		6.2 NAM				-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS	OKERO-COSSE 11			REETAD						
	1 3			Y-ST-Z	ıını İ					1

14. 1 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 an other like empowered.

SIGNATURE: