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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # K87675

(0)

| | K & ARRIMOUR OF FLORID | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
|--|--|--|---|---|--|--|
| Principal Place of Business Mailing Address # ROBERT D. HEINRICHS # ROBERT D. HEINRICHS 5880 CORSON PL LAKEWORTH FL 33463 LAKEWORTH FL 33463-15 | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report | |
| l | | | | | 05/09/1989 | 04/26/1996 |
| —— — | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc | | 26 Suite, Apt. #, etc. | | 65-0161951 | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred | |
| City & State | | City & State | | 8. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | · | | ry | 8. This corporation has liability for | |
| 24 | 25 29 3 9. Name and Address of Current Registered Agent | | 30 | | | Yes No |
| | | t Hegistered Agent | | 1 Name | 10. Name and Address of New R | egistered Agent |
| | NRICHS, ROBERT D. | | | | | |
| 5880 CORSON PLACE LAKE WORTH FL 33463-8547 | | 82 Street Add | | 2 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| LAN | E WOMIN I E 30400-0047 | | Į. | 3 | | |
| | | | ا | 4 City | | ar 7: Code |
| | 1 1 | 1 | | 1 - 7 | | FL 85 Zip Code |
| 11. Pursuant office or n agent. La SIGNATURE | to the provisions of Sections (57.050 egistered furent, of both, in the State in familiar with and accept the obligation familiar with an obligation of the provision of the pro | 2 and 607 7608, Florida Stat of Florida Such change wa ations of Section 607.0505, | tutes, the abo s authorized Florida Statu | ove-named corp by the corporal les. | poration submits this statement for the tion's board of directors. I hereby acce | purpose of changing its registered opt the appointment as registered |
| SIGNATURE | Signature typed or punted name of registered age | · · · · · · · · · · · · · · · · · · · | | gent signature requi | red when reinstaling) | DAY. |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFI | |
| Title | D DEADLE ALADY I | ☐ DELETE | 1.1 TITL | | | Change Addition |
| NAME OUDELL ADEACSE | PENNINK, MARK J. 3131 CREEK RD | | 1.2 NAV | - | | |
| STREET ADDRESS City-St-Zip | LILLING THE CONTROL OF THE CONTROL O | | | EET ADDRESS - ST- ZIP | | |
| TITLE | | | 2.1 TITL | | | ☐ Change ☐ Addition |
| NAME | ARRIMOUR, MARK A. | | 2.2 NAME | | | |
| STREET ADDRESS | 1708 HUNGINGDON ROAD | | 2 3 STREET ADDRESS | | | |
| CITY-ST-7IP | HUNTINGDON VALLEY PA | | 2. 4 DIT | (-ST-ZIP | | |
| Title | P | DELETE 3.1 | | | | Change Addition |
| NAMÉ. | HEINRICHS, ROBERT D. | | 3.2 NAM | re | | |
| STREET ADDRESS | 5880 CORSONPL | | 1 | EET ADOHESS | | |
| CITY: ST: ZIP TRILE | LAKE WORTH FL | DELETE | 3.4. CIT 4.1 TITL | r-ST-ZIP | | ☐ Change ☐ Addition |
| NAME | HEINRICHS, BRADLEY D. | ביין הבינונ | 4.1 JJFL 4. 2 NAI | | | CLOSSING CONTROLS |
| NAME STREET ADDRESS | 5880 CORSON PL | | | EET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | | -ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITL | | , , , , , , , , , , , , , , , , , , , | Change Addition |
| NAME | | | 52 NAM | 18 | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | |
| CITY-SI-ZIP | 74 A A A A A A A A A A A A A A A A A A A | | | '-ST-ZIP | | |
| TOTALE | | DELETE | 6.1 T(T) | l l | | Change Addition |
| NAME | | | 6.2 NAM | ì | | |
| STREET ADDRESS | | | | EET ADDRESS | | |
| CITY-ST-ZIP | by certify that the information supplie | d with this filing does not all | | '-ST-ZIP xemotion state | d in Section 119.07(3)(i), Florida Statut | es I further certify that the |
| informatic Lam an o | on indicated on this annual report or sufficer or director of the corporation of the Ricck 12 or Ricch 12 or Ricck 12 or Ricck 12 or Ricck 12 or Ricch 12 or Ricch 12 or Ricck 12 or Ricch | supplemental annual report in the receiver of instee emp | s true and ac owered to ex | curate and that ecute this repo | t my signature shall have the same leg rt as required by Chapter 607, Florida | al effect as if made under oath, that Statutes; and that my name |

SIGNATURE: PROMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5-659-641/

FILED

Apr 23 1997 8:00am

Secretary of State