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 # K91937 1. Corporation Name

KIM BROTHERS SHIP SUPPLY INC.

| Ì | .• | * | | | | |
|--|----------------------------|---|--|--|--|--|
| P | rincipal Place of Business | | Mailing Address | | | |
| 4021 W. HILLSBOROUGH TAMPA FL 33614 | | ÷ | 4021 W. HILLSBOROUGH TAMPA FL 33614 | | | |

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90047 049 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | , | |
|---|--|---|----------------|----------------------------|--|--------------|---|-----------------|
| 4021 W. HILLSBOROUGH 4021 W. HILLSBOROUGH | | | | | | | • | |
| TAMPA FL 3361 | 14 | TAMPA FL 33614 | | DO NOT WRITE IN THIS SPACE | | | | |
| • | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 05/30/1989 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | App | lied For |
| | | 26 | | | 59-2952625 | | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | .L | - | | 5. Certifcate of Status Desired | | \$8.75 A | |
| 22 27 | | | 1 66 (Acquired | | | quired | | |
| City & State City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 28 | | 11 | | | Trust Fund Contribution | | Added to | Fees |
| Zip Country Zip | | Country | | | | ∐No I | | |
| 24 | 25 | 29 30 | <u> L.</u> | | Personal Property Tax. | | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Re | gjistereu Ag | 211L | |
| GIIK | | | 0. | Name | | | | |
| SUK CHUN, KIM 905 S 22ND ST | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | ole) | | / |
| TAMPA FL 33605 | | | 83 | | | 100 300 g | 8 20 10 10 | ie 1 (500 of)* |
| I CIVI | TATE 30000 | | 63 | ţ | 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 | | | |
| • . | | | 84 | City | | | 85 Zip C | ode |
| | entropy, in the control of the contr | | | | | umose of cha | anging its | registered |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Florida Statutes, Florida. Such change was authorities | orized by | the corporati | poration submits this statement for the pion's board of directors. I hereby accept | the appointm | ent as reg | jistered |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505, Florida | Statutes | ·• | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable, (NOTE: Re | gistered Ager | nt signature require | ed when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | Р | ☐ DELETE | 1.1 TITLE | | | [|] Change | ☐ Addition \ |
| NAME | KIM, SUK CHUN | | 1.2 NAME | | • | | | |
| STREET ADDRESS | 905 S 22ND ST | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-S | T-ZIP | : | | | |
| TITLE . | V | ☐ DELETE | 2.1 TITLE | | • | . [|] Change | Addition |
| NAME | CHANG SOOK HYUN | | 2.2 NAMÉ | | | | | |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-5 | ST-ZIP | | | | |
| TITLE CARRE | CVe 15 17 18 18 | ☐ DELETE | 3.1 TITLE | | | | Change | . Addition |
| NAME | September 1 | • | 3.2 NAME | | | | - | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | 1.000 41 1944 | ess status | MC13.3 | F. Su 1551 |
| CITY-ST-ZIP | AT ONL | | 3.4. CITY-5 | ST-ZIP | | | 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11 (16:1 35: |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | No. | 4.2 NAME | | | : | | 1, 1 |
| STREET ADDRESS | 1 \$ { 1 + 1 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + | | 4.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | - | | 4.4 CITY-S | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | • | , C | _ Change | ☐ Addition |
| NAME | ļ | • | .5.2 NAME | | | | | { |
| STREET ADDRESS | · | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | () | | 5.4 CITY-S | ST-ZIP | <u> </u> | | | |
| TITLE | अध्योग रेस्क्रेस संस्थ | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | 会会は2000円 | | 6.2 NAME | | | | | · , |
| | 1 43.25° 8.7°C | | 6.3 STREE | T ADDRESS | | | | • |

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 paceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE