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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

L11584

(4)

## **FILED** Apr 03 1998 8:00am Secretary of State

K-NAN	, INC,				
Principal Plac	ce of Business	Mailing Address		1 1691(010 001 11901 11001 01101 01311 0131 013	ilası albış etati eldik alanı tadı
12000 INDIAN ROCKS RD. 12000 INDIAN ROCKS RD. LARGO FL 34644 LARGO FL 34644					
		B #100   B 41011		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a, Mailing Address		08/25/1989 4. FEI Number	Applied For
_	Indian Rocks Rd		an Rocks Rd	1 · · · ·	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	an nexp 141		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta		City & State  28 LATGO FL		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>ip</sub>	Country	8. This corporation owes or has paid the	
24 3377	<b>4</b> 25	29 33774	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
KI	ERNAN, JOHN D.		81 Name		
150 SECOND AVENUE NORTH			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ST	r. Petersburg fl 33701				
			83		
			84 City		85 Zip Code
				oration submits this statement for the purposi	
agent. I			rida Statutes.  Registered Agent signature require	on's board of directors. I hereby accept the a	
12,	<del></del>	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	<del></del>
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	KIERNAN, JAMES P.		12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33776		1.4 CITY-ST-ZIP		
TITLE	VSD	☐] DELETE	2.1 TITLE		Change Addition
NAME	KIERNAN, NANCY		2.2 NAME		
STREET ADDRESS	13708 BARBADOS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33776	DELETE	2. 4 CITY - ST - ZIP		Change
TITLE			3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	<del> </del>	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE	<del>                                     </del>	☐ DEL <b>et</b> e	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CYDEET ADDRESS	1		6 3 CTREET ADDRECC		

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.

SIGNATURE:

CITY - ST - ZIP

3 30 98 813 595 7911