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

FILED May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # L11882 K.S.T. ENTERPRISE, INC. Principal Place of Business Mailing Address 7360 SAND LAKE ROAD 7380 SAND LAKE ROAD DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualified 08/28/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2964099 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Requirod 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution \Box 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 24 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COX. ROBERT SCOTT 122 S. CALHOUN STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typiid or printed name of registered agreet and other tapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE TITLE 1.1 TITLE NAME TABUCHI, K SAM 1.2 NAME 8758 Crestgate Circle Orlando, FL 32819 STREET ADDRESS **5524 WORSHAM COURT** 1.3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition TITLE 21 THILE TABUCHI, YOLANDA NAME 2.2 NAME **5524 WORSHAM COURT** STREET ADDRESS 2.3 STREET ADDRESS WINDEREMERE FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-71P DELETE 4 1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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

6.2 NAME

6.3 STREET ADDRESS

8/28/98 (407) 351-2800 K Som Tabuchi SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP