

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

FILED

Feb 26 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40090

(7)

1. Corporation Name

KAKI, INC.

Principal Place of Business

% GOODMAN BREEN & LILE
3033 RIVIERA DRIVE, SUITE 106
NAPLES FL 33940

Mailing Address

% GOODMAN BREEN & LILE
3033 RIVIERA DRIVE, SUITE 106
NAPLES FL 34103-27463. Date Incorporated or Qualified
12/27/19893a. Date of Last Report
04/16/19962. Principal Place of Business
21 5551 Ridgewood Drive

22 Suite 405

23 Naples, Florida

24 34108

25 USA

2a. Mailing Address
26 5551 Ridgewood Drive

27 Suite 405

28 Naples, Florida

29 34108

30 USA

4. FEI Number
65-0164018Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.
3033 RIVIERA DR
STE. 106
NAPLES FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5551 Ridgewood Drive

83 Suite 405

84 City
Naples

FL

85 Zip Code
34108

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 of officer or person authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTGE, WOLFGANG	12 NAME	
STREET ADDRESS	1256 ORANGE COURT	13 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP	Marco Island, Florida 34145
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTGE, KAI	22 NAME	
STREET ADDRESS	1256 ORANGE COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	24 CITY-ST-ZIP	Marco Island, Florida 34145
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTGE, ERIKA	32 NAME	
STREET ADDRESS	1256 ORANGE COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	34 CITY-ST-ZIP	Marco Island, Florida 34145
TITLE	AS <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, KENNETH D.	42 NAME	
STREET ADDRESS	3033 RIVIERA DRIVE #106	43 STREET ADDRESS	5551 Ridgewood Drive, Suite 405
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, Florida 34108
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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:

Kenneth D. Goodman

Date

Daytime Phone #

1/16/97

941-514-4900

CR2E034 (9/96)