

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90012 043 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56416

1. Corporation Name

KAR MANAGEMENT CORP.

Principal Place of Business

**KLINGHOFFER, TEDDY D.
150 W. FLAGLER ST.
MIAMI FL 33130**

Mailing Address

**KLINGHOFFER, TEDDY D.
150 W. FLAGLER ST.
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1990

4. FEI Number

65-0193917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 13930 N.W. 60 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI LAKES, FL

Zip

24 33014

Country

25

2a. Mailing Address

26 13930 N.W. 60 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI LAKES, FL

Zip

29 33014

Country

30

9. Name and Address of Current Registered Agent

~~KLINGHOFFER, TEDDY D.
150 W. FLAGLER ST.
SUITE 2200
MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name

MARVIN DAVIDSON

82 Street Address (P.O. Box Number is not acceptable)

13930 N.W. 60th Ave

83

84 City

MIAMI LAKES

FL

85 Zip Code

33014

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 **MARVIN DAVIDSON** **MARVIN DAVIDSON** **JULY 12, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LEVY, SIDNEY**
STREET ADDRESS **13930 NW 60TH AVE**
CITY-ST-ZIP **MIAMI LAKES, FL**

TITLE **TSCD** ☐ DELETE

NAME **LEVY, SIDNEY**
STREET ADDRESS **13930 NW 60TH AVENUE**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIDNEY LEVY

7-12-99 305.557.4782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)