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PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L61823

(5)

KATE KINDLARSKI CONSULTANT, P.A.

FILED	
Apr 18 1997 8:00am	l
Secretary of State	

THE TIME

		BERGE BEBER ØRDDI	AF BURNI ABU

Principal Place			- 90 4 . 1					
			ailing Address					
% KATE KINDL 1820 S TREASI			KATE KINDLARSKI 20 S TREASURE DR	#405				
MIAMI FL 3314			AMI FL 33141-4340	W 100		Į		
						3. Date Incorporated or Qualified 03/26/1990	3a. Date 0	f Last Report 1996
2. Principal P	lace of Business	28	. Mailing Address			4. FEI Number		Applied
21		26				65-0179658		Not App
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<u> </u>	8.75 Additio
22 - 3"		27				G. Confinedic of Olards Desiret		Fee Required
City & State	Э	<u> </u>	City & State			6. Election Campaign Financing		\$5.00 May E
23		28				Trust Fund Contribution		Added to Fee
Zip	Country	ļ ₁	Zip	Cour	ntry	8. This corporation has liability for		
4	25 g, Name and Address of Cu	29	lored Asset	30		Florida Statutes 10. Name and Address of New Re	Yes N	
4/15.15		urent wedie	reten waam		B1 Name	10. Name and Address of New Re	Bistered Affer	
	DLARSKI, KATE				- IVEILING			
	S TREASURE DR #405			[82 Street A	Address (P.O. Box Number is Not Acceptab	le)	
MIAI	VII FL 33141			-	83			
					B4 City		F-1 8	5 Zip Code
					<u> </u>	corporation submits this statement for the p	<u>FL "</u>	
			паррисавне (в	NOTE: Registered	Agent signature r	required when reinstating)	DATE	
	Signature typed or printed name of registere	olid boaldcops be						
12.	OFFICERS				Agent signature r			RECTORS IN
12. TITLE	OFFICERS D	AND DIREC		NOTE: Registered 13. 1.1 111		required when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS IN
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14. I do hereby certify that the information supplied with this filling 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:

**Contact Contact Co