FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

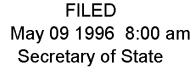
1996

DOCUMENT # L61847

(4)

KAILAN INTERNATIONAL CONSULTANTS, INC.

Mailing Address



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Principal Place of Business 10266 CROSS WINDS RD. BOCA RATON FL 33498		Mailing Address) 14 511411 \$18 61161 11501 PH		· • · · · · · · · · · · · · · · · · · ·		
		10286 CROSS WINDS RD. BOCA RATON FL 33498						
					3. Date Incorporated or Qualified 03/27/1990	3a. Date o	of Last F	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26	26		65-0180150	65-0180150 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired ID \$8.75 /		5 Additional	
22		27			S. S. Hierard S. S. Harris D. Harris D. S. Harris D. Harr		Fee	Required
City & State		Orty & State	Otty & State		6. Election Campaign Financing	\$5.00 May Be		•
23		28			Trust Fund Contribution	Added to Fees		
Z _P	Country	Ziρ Country			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No			
24	9. Name and Address of Curren	29	[30]		10. Name and Address of New F		aent	
	9. Name and Address of Corre	it negistered Agent	81	Name	10. 114.115		9	
MOLETON	nov n					.1-3		
MOUTON,			82	Street Addi	ress (P.O. Box Number is Not Acceptate	ле;		
	oss winds RD. On FL 33498		83					
DUCA NA	ON FL 33496		L				Ti-l n	
			84	City		FL	85 Z	ip Code
11 Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Sta	tutes, the above r	hamed corpor	ration submits this statement for the pu	rpose of char	iging its	registered offic
or registered	Lagent, or both, in the State of Fiori	da. Such change was autho	orized by the corp	oration's boa	rd of directors. Thereby accept the app	iointment as r	egistere	d agent. I am
•				2	5-3-96			
SIGNATURE _	Koy K. Moulo!		açA ber ≖igen Hillorii	1 supal te requiri	al where is saling	DATE		
12.	OFFICERS AN	D DIRECTORS ()	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PTD	☐ DELETE	1.111/16			[) Change	Addition
NAME	MCDEMMOND, MARIE V.		1.2 NAME					
STREET ADDRESS	10286 CROSS WINDS RD.		1.3 S*REET	ADORESS				
CITY-ST-ZIP	BOCA RATON FL		1 4 Ctl y - S	1 - 2(F				
TITLE	VPS	DELETE	2 1 THE] Change	Addition
NAME	MOUTON, ROY R		2.2 NAME					
STHEST ADDRESS	10286 CROSS WINDS RD.		2.3 STREET	ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		2.4 C·Tr - 5	S1 - 7-P			1 0	
TITLE		☐ DELETE	3 1 11/14			<u>L</u>] Change	Addit on
NAME			3.2 NAME					
STREET ADDRESS				LADDRESS				
CITY - ST - ZIP		Fibritie	3 4 CHY - S	51 - ZIP		_ _] Change	Addition
TITLE		DEFETE	4 1 THLE			L.	1 Change	L Haddigan
NAME			4.2 NAME					
STREET ADDRESS			4 3 STREET					
CITY-ST-ZIP		☐ DELETE	4401Y-5	51 - 211:		· ·	1 Change	Addition
TITLE			5 1 TILE	j		L.	, onange	L. Madicion
NAME			5.2 NAMÉ	r ADDOCC:				
STREET ADDRESS			5 3 STREE					
CHTY-ST-ZIP		DELETE	5.4 CITY - 5 6.1 TRILE	S1 - Z1º			7 Change	Add-tion
TITLE		[] Duttin				L	j ondige	
NAME			6.2 NAME					
STREET ADDRESS				LADORESS				
CITY - ST - ZIF		All Alice Characters at a 1 and a 100	6.4 City - 5		for the exercation stated in Section 119	0.07/3/(k) Flor	ida Stat	utes I fudher

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes Truffier 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 logal 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 AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

5-3-96 407-451-8226