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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L61847 (4)
1. Corporation Name
KAILAN INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business
10286 CROSS WINDS RD.
BOCA RATON FL 33498

Mailing Address
10286 CROSS WINDS RD.
BOCA RATON FL 33498

21. Principal Place of Business
6157
Suite, Apt. #, etc.
22. City & State
Delray Beach FL
23. Zip
33482
24. Country
Palm Beach

25. Mailing Address
1365 Crystal Way
Suite, Apt. #, etc.
26. City & State
Delray Beach FL
27. Zip
33442
28. Country

3. Date Incorporated or Qualified
03/27/1990

4. FEI Number
65-0180150
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MOUTON, ROY R.
10286 CROSS WINDS RD.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent
81. Name
Mouton Roy R.
82. Street Address (P.O. Box Number is Not Acceptable)
1365 CRYSTAL WAY # H
83. City
Delray Beach FL
84. Zip Code
33442

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 Roy R. Mouton Roy R. Mouton 4-22-98
Signature typed in printed name of registered agent and then if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDS	1.1 TITLE	the same
NAME	MOUTON, ROY R	1.2 NAME	the same
STREET ADDRESS	10286 CROSS WINDS RD.	1.3 STREET ADDRESS	P.O. Box 6157
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Delray Beach FL 33482
TITLE	Mouton Roy R PTDS	2.1 TITLE	1000025494
NAME	1365 Crystal Way # H	2.2 NAME	-06/05/98--01091--008
STREET ADDRESS	Delray Beach FL 33482	2.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Roy R. Mouton 4-22-98

CR2E034 (10/97)