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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L83045**

(9)

1. Corporation Name

THE KNOT UNWELCOME, INC.



Principal Place of Business

**12900 SW 132ND COURT
MIAMI FL 33186
US**

Mailing Address

**12900 SW 132ND COURT
MIAMI FL 33186
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., Etc.

Suite, Apt., Etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

**GLENN RUDMAN
12900 S.W. 132ND COURT
MIAMI FL 33186**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 605.01 and 605.02, Florida Statutes, the above named individual, by signing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, has changed or will change as 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 605.03, Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**GLENN RUDMAN
12900 SW 132ND COURT
MIAMI FL 33186**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
**DP
KRAMER, DOUGLAS M.
11900 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY, ST, ZIP

3.4 CITY, ST, ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY, ST, ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is true and correct, and does not conflict with the exemption stated in Section 119.07(1)(k), 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, and the accuracy of the information is warranted by me. I am not a director or officer of the corporation, and that my name appears in Block 12 or Block 13 of this report, or both, as a former officer or director.

SIGNATURE: *Glenn A. Rudman*, OFFICER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 305-235-9544

CR2E034 (12/95)