**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L83045

1. Corporation Name

THE KNOT UNWELCOME, INC.

Principal Place of Business Mailing Address					1 18811911 adı (dras terri datı) gili gil			#14 41211 B1\$11 B1\$11 B1	1811 <b>31311 1391</b>
13155 SW 124 AVE 13155 SW 124 AVE			24 AVE						
MIAMI FL 33186 MIAMI FL 33186			186				DO NOT WRITE IN THIS SPACE		
US US							3. Date Incorporated or Qualifed		
	• -						06/22/1990		
2 Principal P	lace of Business	2a, Mailing	Address	<del></del>			4. FEI Number	Apr	plied For
21 26							65-0212545	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							_	\$8.75 A	dditional
27							5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23 28						Trust Fund Contribution	Added to	o Fees	
Zip .	Country	Zip		Country	'		8. This corporation owes the current year		_
24	25	29	3	0			Personal Property Tax.		□No
	9, Name and Address of Curre	nt Registered Ag	ent			·	10. Name and Address of New Register	ed Agent	
0.5	NIN DUDLAN			81	Nam	е			
GLENN RUDMAN					Stree	et Addre	ress (P.O. Box Number is Not Acceptable)		
13155 SW 124 AVE					<u>, , , , , , , , , , , , , , , , , , , </u>				
MIAMI FL 33186				83					
				84	City			85 Zip C	ode
					1		· · · · · · · · · · · · · · · · · · ·		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508,	Florida Statutes	, the above	e-name	ed corpo	pration submits this statement for the purpose n's board of directors. I hereby accept the ap	∍ of changing its i pointment as rec	registered gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	607.0505, Florid	la Statutes	i.	poration	113 Board of Gillotte 11, 11, 11, 11, 11, 11, 11, 11, 11, 11		1
SIGNATURE	Company of the second								
010(1)(101)	Signature, typed or printed name of registered age		(NOTE: R	<del></del>	nt signatu	re required	when reinstating) DATE		70 1140
12.	OFFICERS A		C) perett	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change	RS IN 12
TITLE	DVST	<del>.</del>	DELETE	1.1 TITLE					
NAME	GLENN RUDMAN			1.2 NAME			•		
STREET ADDRESS				1.3 STREET		is			- (
CITY-ST-ZIP	MIAMI FL 33186		C DELETE	1.4 CITY-S	T-ZIP	_		Change	Addition
TITLE	-		DELETE	2.1 TITLE				onlings	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE		3S			
CITY-ST-ZIP	•		D DELETE	2. 4 CITY-S	ST-ZIP	_		Change	Addition
TITLE			☐ DELETE	3.1 TITLE			ر ميد مينيهيوسييون ا <u>رستون</u> استان اي ايان د	- Change	
-NAME - '				3.2 NAME					
STREET ADDRESS				3.3 STREE		iS			
CITY-ST-ZIP			C DELETE	3.4. CITY+5	ST-ZIP	+		Change	Addition
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NAME				4. 2 NAME			•		
STREET ADDRESS				4.3 STREE		SS			
CITY-ST-ZIP			T SELETE	4.4 CITY-S	T-ZIP	+		☐ Change	Addition
TITLE			DELETE	5.1 TITLE				□ Change	Mudition
NAME .				5.2 NAME	n				
STREET ADDRESS	{ ·			5.3 STREE		ا «د			1
CITY-ST-ZIP			ר מכו רציב	5.4 CITY-S	I-ZIP	+		☐ Change	Addition
TITLE			☐ DELETE	6.1 TITLE			•		T Vagurion (
NAME				6.2 NAME	<b>-</b>				
CTREET ADDRESS	•			6.3 STREE	I ADDRES	38 l			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90173 044 \*\*\*150.00