FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** M01638 (9)K-WEIGH PRODUCTS, INC. Principal Place of Business Mailing Address 2124 NW 102 TERR. 2124 NW 102 TERR. CORAL SPRINGS FL 33071-5859 CORAL SPRINGS FL 33071-5859 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1984 2. Principal Place of Business 2a. Mailing Address Applied For 59-2415451 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes X No Country Zip 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOMBERG, KAY 2124 N.W. 102ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** Zip Code 84 City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition 1.1 TITLE TITLE GOMBERG, KAY M NAME 1.2 NAME 2124 N.W. 102ND TERRACE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CiTY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE

61 TITLE

6.2 NAME

14. Hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplied entitle 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.

SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS

6.4 CITY-S1-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - 7IP

FILED

Change

Daytime Phone #

Addition

0161093