FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible] ATE
Sandra B. Mortha[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible] US

DOCUMENT # **M35649** **(6)**

1. Corporation Name

K.T.K.L. CORP.

Principal Place of Business
1020 OCEAN DR.
MIAMI BEACH FL 33139

Mailing Address
1020 OCEAN DR.
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **07/22/1986**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Cou[illegible] 30

4. FEI Number: **59-2771433** 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 has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes ☐ No

9. **Name and Address of Current Registered Agent**

KARPAWICH, TONY
1020 OCEAN DR.
MIAMI BEACH FL 33139

10. **Name and Address of New Registered Agent**

Name

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

City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo[illegible] 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 c[illegible] oration'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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered [illegible] Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KARPAWICH, TONY	
STREET ADDRESS	1020 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	☐ DELETE
NAME	KARPAWICH, LISA	
STREET ADDRESS	960 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	☐ DELETE
NAME	KARPAWICH, KENT	
STREET ADDRESS	1020 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TI[illegible]		☐ Change ☐ Addition
1.2 NA[illegible]		
1.3 ST[illegible] ADDRESS		
1.4 CI[illegible] ZIP		
2.1 TI[illegible]		☐ Change ☐ Addition
2.2 NA[illegible]		
2.3 ST[illegible] ADDRESS		
2.4 CI[illegible] ZIP		
3.1 TI[illegible]		☐ Change ☐ Addition
3.2 NA[illegible]		
3.3 ST[illegible] ADDRESS		
3.4 CI[illegible] ZIP		
4.1 TI[illegible]		☐ Change ☐ Addition
4.2 NA[illegible]		
4.3 ST[illegible] ADDRESS		
4.4 CI[illegible] ZIP		
5.1 TI[illegible]		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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. 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: ✓ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY KARPAWICH

✓ 3/29/96 Date ✓ 531-3485 Daytime Phone #

CR2E034 (12/95)