

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M85087 (8)  
1. Corporation Name  
KORMANN ENTERPRISES, INC.



Principal Place of Business Mailing Address  
1804 BOY SCOUT DR. 1804 BOY SCOUT DR.  
FT. MYERS FL 33907-2133 FT. MYERS FL 33907-2133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/10/1988	
23 City & State		27 City & State		4. FEI Number	
24 Zip		28 Zip		65-0054506	
25 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KORMANN ROBERT W 26460 RAMPART BLVD UNIT #213 PUNTA GORDA FL 33983				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPC	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMANN, ROBERT W.		1.2 NAME				
STREET ADDRESS	26460 RAMPART BLVD UNIT #213		1.3 STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP				
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMANN, DEBORAH S.		2.2 NAME				
STREET ADDRESS	26460 RAMPART BLVD UNIT #213		2.3 STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Joe Darnell	33948		
STREET ADDRESS			3.3 STREET ADDRESS	18510 Briggs Cir, Port Charlotte			
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Connie Darnell	33948		
STREET ADDRESS			4.3 STREET ADDRESS	18510 Briggs Circle Pt Charlotte			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Valentine Galante	26460 Rampart Blvd Unit 213		
STREET ADDRESS			5.3 STREET ADDRESS	Punta Gorda, Florida 33983			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ Robert W Kormann 4-23-98 941-624-5050

CR2E034 (10/97)