

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M88232 (7)

1. Corporation Name

KUS, INC.

Principal Place of Business

**2900 N. MILITARY TRAIL
SUITE 201, SOUTH
BOCA RATON FL 33431**

Mailing Address

**2900 N. MILITARY TRAIL
SUITE 201, SOUTH
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0128269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEUTCH, JEFFREY A
7777 GLADES RD
STE 300
BOCA RATON FL 33434**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PSD
POMERANTZ, SAUL
8600 DECARIE BLVD, SUITE 200
MT ROYAL QC**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
GATTINGER, FRANKLIN J.
8600 DECARIE BLVD, SUITE 200
MT ROYAL QC**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AT
RICHTER, MORRIS
2800 N MILITARY TR #201
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

Town of Mount Royal, Quebec H4P 2N2

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**T/VP/D
Town of Mount Royal, Quebec H4P 2N2**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

RESIGNED

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

**V/AS/D
POMERANTZ, TERRY
8600 DECARIE BLVD., SUITE 200
TOWN OF MOUNT ROYAL, QUEBEC H4P 2N2**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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: Franklin J. Gattinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1995 (514) 341-8600

Date

Telephone (Area #)