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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90030 039 ***150.00

1. Corporation	MENT # M9629! KES TOWN VILLAS, INC.				
Dissipal Diss	of Puninger	Mailing Address		- FIND TOUR SIND COLOR OF THE C	
, integer 1 acc of 2					
331 TONEY PENNA RD. POST OFFICE BOX 9168 231 TONEY PENNA RD. POST OFFICE BOX 9168					-
JUPTER FL 33468-6168 JUPTER FL 33468-6168				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 08/25/1988	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0072148	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Octimente di Grando Decirco	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
OSWALD, JON			81 Name	O O D All the in N. A. Accombable	
331 TONEY PENNA RD.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JUPITER FL 33469			83		
			84 City	FL	85 Zip Code
SIGNATURE(Standarie, tyled or printed these of registered age	le ans Joh	orized by the corporation a Statutes. L. Charles gistered Agent signature require 13.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	
12.	D OFFICERS A	DELETE	1.1 TITLE	7,007,107007,10	☐ Change ☐ Addition
	OSWALD, JON		1.2 NAME	•	
NAME	331 TONEY PENNA RD.		1.3 STREET ADDRESS		,
STREET ADDRESS	JUPITER FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	JUPITER PL	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE			2.2 NAME		,
NAME			2.3 STREET ADDRESS	÷	,
STREET ADDRESS				•	,
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			3.2 NAME		_, -
NAME			3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.2 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP	ļ	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.1 NAME		_ , _
NAME			5.3 STREET ADDRESS	•	•
STREET ADDRESS	ĺ		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS