

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P92000005190 (3)**

1. Corporation Name
KUSH'N PRODUCTS, INC.

Principal Place of Business

**1859 N PINE ISLAND
SUITE 143
PLANTATION FL 33322**

Mailing Address

**1859 N PINE ISLAND
SUITE 143
PLANTATION FL 33322**

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

4. FEI Number

65-0371536

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

**ABRIL, JORGE M P.A.
2801 PONCE DE LEON BLVD
STE 470
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MILISCI, SHERRON J**
STREET ADDRESS **4118 NW 88 AVE #229**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **V** ☐ DELETE
NAME **MILISCI, PETER J**
STREET ADDRESS **4118 NW 88 AVE #229**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **T** ☐ DELETE
NAME **MILISCI, SHERRON J**
STREET ADDRESS **4118 NW 88 AVE #229**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **S** ☐ DELETE
NAME **MILISCI, PETER J**
STREET ADDRESS **4118 NW 88 AVE #229**
CITY-ST-ZIP **SUNRISE FL 33351**

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 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **MILISCI, Sherron B.** (Address only)
1.3 STREET ADDRESS **7102 NW 70 AVE**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE **V** ☐ Change ☐ Addition
2.2 NAME **MILISCI, Peter J.**
2.3 STREET ADDRESS **7102 NW 70 AVE**
2.4 CITY-ST-ZIP **TAMARAC, FL 33321**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **MILISCI, Sherron B.**
3.3 STREET ADDRESS **SAME AS ABOVE**
3.4 CITY-ST-ZIP

4.1 TITLE **S** ☐ Change ☐ Addition
4.2 NAME **MILISCI, Peter J.**
4.3 STREET ADDRESS **SAME AS ABOVE**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **700002606157**
5.3 STREET ADDRESS **-08/04/98--01001--029**
5.4 CITY-ST-ZIP *****150.00**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **FE**
6.3 STREET ADDRESS **7.29**
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

Sherron B. Milisci **SHERRON B. MILISCI** **7-29-98**

CR2E034 (5/98)

July 20, 1998

Div. of Corp.
P.O. Box 6327
Tallahassee, FL 32314

PfJ

Re: Kushin Products, Inc.
Doc. # P92000005190

To whom It May Concern,

I'm sending my check for \$150⁰⁰ pursuant to my conversation today with Shawn (SEAN). We recently moved and I did not get my notice. The second notice got mixed up with our personal papers and I found it today sorting through paperwork. We're a very small company and I really appreciate Sean's help. Thank you for your consideration.

Sincerely,
Sherron D. Malucci, Pres.
Kushin Products, Inc.
954-724-0515