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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90138 007 ***150.00

DOCUMENT # P92000013000	
K AND P ENTERPRISES, INC.	1 1461/401 (16 16) 7 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8 16) 8

Principal Place	of Business	Mailing Ad	ddress	`			i inniintiita in	(18 112(1 2911) 991			111 05111 001	1001	
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MELBOURNE FL 32935 MELBOURNE FL 32935								O NOT WEST	T IN THE	CDACE			
US US								DO NOT WRITE IN THIS SPACE					
			_				3. Date Incorporated 12/18/1992	or Quained					
2. Principal Pl	ace of Business	2a. Mailin	g Address				4. FEI Number				Applied F	or	
21		26					<u>59-3152338</u>				Not Applic	—-	
Suite, Apt.	#, etc.	_ ·	Apt. #, etc.				5. Certifcate of Statu	s Desired		•	AdditionRequired	al j	
City & State		27 City &	State				- 6. Election Campaig	n Financing			O May B		
<u>⊢</u> ¬ .	.	28					Trust Fund Contri	_			d to Fees		
Zip	Country	Zip	-	Co	untry		8. This corporation of		nt vear Inta	naible			
24	[25]	29		30	•		Personal Property		,	☐Yes	□No		
	9. Name and Address of Curre			<u>,1</u>	T		10. Name and Addre	ss of New R	egistered /	Agent			
			<u> </u>		81	Name				·		-	
JOHI	nstone, keith					0	dans (D.O. Barristania	Not Asserte	nlo\				
1581	AURORA RD.				82	Street A	ddress (P.O. Box Number is	s Not Accepta	ле) -				
MELI	Bourne FL 32935				83								
					84	City				85 Z	p Code		
					1 1	-			FL				
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.150	8, Florida Statute	s, the a	above	-named c	orporation submits this state	ment for the p	ourpose of	changing	its registe	red	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida, Suci gations of, Sectio	n cnange was a n 607,0505, Floi	unonze ida Sta	tutes.	ine corpoi	ation's poard of directors. I	liciany accep	tine appoin	iuncii as	registere	1	
+35													
CICNIATURE													
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicab	le. (NOTE	Registere	ed Ageni	t signature rec	quired when reinstating)		DATE			;	
SIGNATURE	OFFICERS A	gent and title if applicab	S	Registere		t signature rec	quired when reinstating) ADDITIONS/CHAN	IGES TO OFF					
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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, with all other like empowered.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR