

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Norcross  
GOVERNOR  
TALLAHASSEE, FLORIDA 32304-0001

DOCUMENT # P92000014852 (7)

1. INCORPORATED IN

KOTLER CORPORATION

Principal Place of Business

9585 HARDING AVENUE  
SURFSIDE FL 33154

Managing Agent

9585 HARDING AVENUE  
SURFSIDE FL 33154

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:27

DO NOT WRITE IN THIS SPACE

3. Date for completion of Qualified  
12/21/1992

3a. Date of Last Report  
02/01/1994

2. Principal Place of Business

2a. Mailing Address

21

2b

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACKAR, SHARLANE K  
9585 HARDING AVENUE  
SURFSIDE FL 33154

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 607.1503, 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 of Registered Agent or Officer of Corporation)

(Signature of Registered Agent or Officer of Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                          |
|--------------------|------------------------------------------|
| 101 NAME           | D                                        |
| 102 STREET ADDRESS | PACKAR, SHARLANE K                       |
| 103 CITY, ST, ZIP  | 9585 HARDING AVENUE<br>SURFSIDE FL 33154 |
| 104 NAME           |                                          |
| 105 STREET ADDRESS |                                          |
| 106 CITY, ST, ZIP  |                                          |
| 107 NAME           |                                          |
| 108 STREET ADDRESS |                                          |
| 109 CITY, ST, ZIP  |                                          |
| 110 NAME           |                                          |
| 111 STREET ADDRESS |                                          |
| 112 CITY, ST, ZIP  |                                          |
| 113 NAME           |                                          |
| 114 STREET ADDRESS |                                          |
| 115 CITY, ST, ZIP  |                                          |
| 116 NAME           |                                          |
| 117 STREET ADDRESS |                                          |
| 118 CITY, ST, ZIP  |                                          |
| 119 NAME           |                                          |
| 120 STREET ADDRESS |                                          |
| 121 CITY, ST, ZIP  |                                          |
| 122 NAME           |                                          |
| 123 STREET ADDRESS |                                          |
| 124 CITY, ST, ZIP  |                                          |
| 125 NAME           |                                          |
| 126 STREET ADDRESS |                                          |
| 127 CITY, ST, ZIP  |                                          |
| 128 NAME           |                                          |
| 129 STREET ADDRESS |                                          |
| 130 CITY, ST, ZIP  |                                          |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 15 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |                                                                   |
| 17 STREET ADDRESS |                                                                   |
| 18 CITY, ST, ZIP  |                                                                   |
| 19 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME           |                                                                   |
| 21 STREET ADDRESS |                                                                   |
| 22 CITY, ST, ZIP  |                                                                   |
| 23 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME           |                                                                   |
| 25 STREET ADDRESS |                                                                   |
| 26 CITY, ST, ZIP  |                                                                   |
| 27 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME           |                                                                   |
| 29 STREET ADDRESS |                                                                   |
| 30 CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and chosen and is capable for the description stated in Section 1107.0105, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. That I am, and have been for at least 60 days prior to the filing of this report, an officer or director of the corporation or the registered agent of the corporation as required by Chapter 1107, Florida Statutes, and that my name appears on Block 12 of this filing. I am not a shareholder of the corporation.

SIGNATURE:

*Sharlane K. Packar*  
SHARLANE K. PACKAR, PRESIDENT

FEBRUARY 13, 1995 (305)866-2423