# 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** 

# DOCUMENT # P93000002655 1. Corporation Name KC DODE INC

# FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90243 013 \*\*\*150.00

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Principal Place	e of Business	Mailing Address				# 10011001 110 16100 11111 06111 TTI	li Bathi <b>Va</b> hii 1		El Elias del can	
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US US						DO NOT WRITE IN THIS SPACE				1
	·					3. Date Incorporated or Qualifed 01/07/1993		, <del>.</del>		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		-	oplied For	ļ
21	<u> </u>	26				65-0381723			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee F	Additional Required	
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23		28				Trust Fund Contribution			to Fees	1
Zip	Country	Zip	_ Countr	У		8. This corporation owes the curre	ent year Int		□No	
24	25		10			Personal Property Tax.  10. Name and Address of New R	- wintered	Yes	Пио	1
	9. Name and Address of Current	Registered Agent	8.	1 Name		10. Name and Address of New R	egistereu	Maiir		ł
	e, Kenneth		8:			ss (P.O. Box Number is Not Accepta	ble)			-
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FT L	AUDERDALE FL 33334		8:	3			,			
			84	4 City			FL	85 Zip	Code	
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligati	it Florida. Such change was auti	norizea o	v tne cort	oration	is board of directors, i hereby accep	t tue abbon	nument as i	egistered	
agent. I a	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: R	ia Statute	S.		when reinstating) ADDITIONS/CHANGES TO OFF	t DATE	ID DIRECT	ORS IN 12	1
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6.4 CITY-ST-ZIP 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, and attachment with an address, with all other like empowered.

SIGNATURE: