Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90214 021 ***150.00

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 # P93000021984

1. Corporation Name

K.D. INVESTMENTS ENTERPRISES, INC.

	e.								
Principal Place	e of Business	Mailing Address				ויסס ורוחס רווגר מפנסו שגר ופסונסטו נ	11 33 111 33 111 1	1991 11919 19191 1	1911) RIBI 1981
400 N FLAGLER	R DR	400 N FLAGLER DR				1			
STE 1001		STE 1001							
W PALM BEACH FL 33401 W PALM BEAH			AHC FL 33401			DO NOT WRITE IN THIS SPACE			
US	•	US				3. Date Incorporated or Qualifed			
						03/24/1993 4. FEI Number		· TA-	plied For
	lace of Business	2a. Mailing Address						<u> </u>	Applicable
21		26				58-9173226		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired		Fee Re	I .
City & State		City & State				a Flortion Compaign Financing		\$5.00	<u>. </u>
<u> — </u>	e	28				Election Campaign Financing Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Col	intry		8. This corporation owes the curre	ant wear Inte		
— ·	25	29	30	y		Personal Property Tax.	one year me	Yes	No
24	9. Name and Address of Curre			T		10. Name and Address of New R	egistered .	Agent	
	3, 112/10 010 71001000 01 00110			81	Name				
DUR	ran, Kenneth H						LI-X		
400	W FLAGLER DR APT 1001			82	Street Addre	ess (P.O. Box Number is Not Accepta	Die)		İ
W P/	ALM BCH FL 33401			83					
	•			\Box				·	
	·			84	City		FL	85 Zip C	Code
44 Pureuant	to the provisions of Sections 607.05	502 and 607.1508 Florida S	Statutes, the a	bove-	named corpo	oration submits this statement for the	numose of	changing its	registered
l. **office or r	egistered agent, or both, in the State	e of Florida. Such change v	vas autnonze	a by th	he corporatio	on's board of directors. I hereby accept	t the appoir	ntment as rec	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505	o, Florida Sia	utes.					
SIGNATURE	Signature, typed or printed name of registered ag	100 7 7 7 1	otoric p						\
			(NOTE: Registere	d Agent s	signature required	d when reinstating)	DATE		
12.		ND DIRECTORS	(NOTE: Registere	Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
12.		<u></u>	13.		signature required			D DIRECTO	RS IN 12
	OFFICERS A	ND DIRECTORS	13.	TLE	signature required				
TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H	ND DIRECTORS	13. E 1.1 T	TLE AME	ADDRESS				
TITLE NAME STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S	TLE AME	ADDRESS				
TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TLE AME TREET A	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TLE AME TREET A ITY-ST-;	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL	ND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N	TLE AME TREET A ITY-ST-: TLE AME	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS	13. E 1.1.T 12.N 13.8 14.0 E 2.1.T 22.N 23.8	TLE AME TREET A ITY-ST-: TLE AME	ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H	ND DIRECTORS	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 2.2.N 2.3.S 2.4.4	TLE AME TREET A ITY-ST-; ITLE AME TREET A	ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1.T 12.N 1.3.S 1.4.C 2.1.T 22.N 2.3.S 2.4.4.C	TLE AME TREET A ITY-ST-: TLE AME TREET A ZITY-ST-	ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 22.N 2.3.S 2.4.4 TE 3.1 T 3.2.N	TRE AME TREET A ITY-ST- ITLE AME TREET A ZITY-ST- ITLE AME	ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 22.N 2.3.S 2.4.4 TE 3.1 T 3.2.N 3.3.S	TRE AME TREET A ITY-ST- ITLE AME TREET A ZITY-ST- ITLE AME	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 22.N 2.3.S 2.4.4 TE 3.1 T 3.2.N 3.3.S 3.4.0	TRE AME TREET A	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 22.N 2.3.S 2.4.4 TE 3.1 T 3.2.N 3.3.S 3.4.0 TE 4.1 T	TRE AME TREET A	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 2.2.N 2.3.S 2.4.C 3.1 T 3.2.N 3.3.S 3.4.C E 4.1 T 4.2.1	TRE AME TREET A ITY-ST- TREET A ZIY-ST- TRE AME TREET A CITY-ST- TREET A CITY-ST- TREET A	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1T 12.N 1.3.S 1.4.C 2.1T 2.2.N 2.3.S 2.4.C 3.1T 3.2.N 3.3.S 3.4.C 4.1.T 4.2.1 4.3.S	TRE AME TREET A ITY-ST- TREET A ZIY-ST- TRE AME TREET A CITY-ST- TREET A CITY-ST- TREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		icers an	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	ND DIRECTORS DELET	13. E 1.1 T 12.N 1.3.S 1.4.C 2.1 T 22.N 2.3.S 2.4.4 TE 3.1 T 3.2.N 3.3.S 3.4.0 TE 4.1 T 4.2.1 4.3.S 4.4.C	TILE AME TREET A TILE TILE AME TREET A AME TREET A CITY-ST- TILE TREET A TITLE TREET A TREET A TREET A TREET A TREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		CERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	DELET	13. E 1.17 12.N 1.3.8 1.4.6 2.17 2.2.N 2.3.5 2.4.6 1.5 3.17 3.2.N 3.3.8 3.4.1 1.2 4.3.8 4.4.6 4.	TILE AME TREET A ITY-ST- TILE AME TREET A AME TREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		CERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	DELET	13. E 1.17 12.N 1.3.8 1.4.6 12.1 12.N 2.3.5 2.4.6 12.1 3.2.N 3.3.8 3.4.1 12.1 12.1 12.1 12.1 12.1 12.1 12.1	TILE AME TREET A ITY-ST- TILE AME TREET A AME TREET A TILE TREET A TILE TILE TILE TREET A TILE TREET A ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		CERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	DELET	13. E 1.1T 12.N 1.3.S 1.4.C 2.1T 22.N 2.3.S 2.4.4 2.1T 3.2.N 3.3.S 3.4.6 E 4.1T 4.2.1 4.3.S 4.4.C IE 5.1.T 5.2.N 5.3.S	TILE AME TREET A ITY-ST- TILE AME TREET A AME TREET A TILE TREET A TILE TILE TILE TREET A TILE TREET A ADDRESS ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP		CERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	DELET	13. E 1.17 12.N 1.3.S 1.4.C 2.17 2.2.N 2.3.S 2.4.C 3.17 3.2.N 3.3.S 3.4.C 4.17 4.21 4.3.S 4.4.C 5.17 5.2.N 5.3.S 5.4.C 5.3.S 5.2.S 5	TILE AMME TREET A TITY-ST TILE AMME TREET A AMME TREET A TITLE TREET A TRE	ADDRESS ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP		CERS AN	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS A PVST DURRAN, KENNETH H 400 W FLAGLER DR W PALM BEAHC FL D DURRAN, KENNETH H 400 W FLAGLER DR	DELET	13. TE 1.1.T 12.N 1.3.S 1.4.C 2.1.T 22.N 2.3.S 2.4.4 2.1.T 3.2.N 3.3.S 3.4.1 4.2.T 4.3.S 4.4.C TE 5.1.T 5.2.N 5.3.S 5.4.C TE 6.1.T 5.2.N 5.3.S 5.4.C 6.1.T 5.2.N 5.2.N 5.2.S 5.2.C 6.1.T 5.2.N 5.2.S 5.2.S 5.2.C 6.1.T 5.2.S 5.2.S 5.2.S 5.2.S 5.2.C 6.1.T 5.2.S 5.2.S 5.2.S 5.2.S 5.2.S 5.2.S 5.2.	TILE AMME TREET A TITY-ST TILE AMME TREET A AMME TREET A TITLE TREET A TRE	ADDRESS ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP		CERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP