PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300040253

1. Corporation Name

K.N.J., ASSOCIATES, INC.

Principal Place of Business
% KAREN BIGHOUSE
5445 ENDICOTT PLACE
OMEDO EL AGRAC

Mailing Address

05-07-1999 90010 001 ***150.00

May 07, 1999 8:00 am Secretary of State

FILED

% KAREN BIGHOUSE 5445 ENDICOTT PLACE OVIEDO FL 32765		% KAREN BIGHOUSE 5445 ENDICOTT PLACE OVIEDO FL 32765			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1993					
Principal Place of Business 2a. Mailing Address						4. FEI Number		$\neg \tau$	App	lied For	
21		26				59-3190257 Not Applica					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional					
22		27	27			5. Certificate of Status Desired		Fe	e Req	uired	
City & State	e	City & State	ty & State			6. Election Campaign Financing		\$5	.00 n	lay Be	
23		28				Trust Fund Contribution Added to Fees					
Zip	Country Zip			/	1	8. This corporation owes the curre	nt year Inta	ngjele			
24 25 29			0			Personal Property Tax.					
	9. Name and Address of Curren				0. Name and Address of New Re	gistered /	Agent				
8101	IOUGE MARCH		81	1	Name						
	BIGHOUSE, KAREN					(P.O. Box Number is Not Acceptab	ole)				
5445 ENDICOTT PLACE				8		(, , , , , , , , , , , , , , , , , , ,	,				
OVIE	DO FL 32765		83								
			84	-	City			06	Zip Co		
			04	Ι,	City		FL	85	Zip Ci	,de	
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 bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS 13.				<u>*</u>	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE	CTOF	S IN 12	
TITLE	0	☐ DELETE	1.1 TITLE					Cha		☐ Addition	
NAME	BIGHOUSE, KAREN		1.2 NAME								
TARE ENDIGOTE DI AGE			1.3 STREET	1.3 STREET ADDRESS							
CITY-ST-ZIP OVIEDO FL 32765			1.4 CITY-S)					}	
TITLE		☐ DELETE	2.1 T/TLE					☐ Cha	nge	Addition	
NAME			2.2 NAME		{			-	_		
STREET ADDRESS			2.3 STREET	T ADD	DORESS						
CITY-ST-ZIP			2. 4 CITY-S							}	
TITLE		☐ DELETE	3.1 TITLE					☐ Cha	inge	Addition	
NAME			3.2 NAME							1	
STREET ADDRESS			3.3 STREET	T ADE	DORESS					}	
CITY-ST-ZIP			3.4. CITY-S	T-ZII	ŹIP					ļ	
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NAME			4. 2 NAME								
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CITY-ST-ZIP			4.4 CITY-ST	T-ZIF	ie					1	
TITLE		☐ DELETE	51 TITLE					Cha	nge	☐ Addition	
NAME			5.2 NAME		ļ					Į.	
STREET ADDRESS			5.3 STREET	ADE	DRESS						
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP	iP						
TITLE		☐ DELETE	6.1 TITLE	_				☐ Cha	nge	Addition	
NAME			6.2 NAME		!						
STREET ADDRESS			6.3 STREET	ADD	DRESS						
CITY-ST-ZIP			6.4 CITY-ST	T-ZIP	iP _					_	

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 or an attackment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #