

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043168 (2)

1. Corporation Name

KES-SOL DEVELOPMENT CORP.



Principal Place of Business

10923 NW 18 PL
PLANTATION FL 33322
US

Mailing Address

10923 NW 18 PL
PLANTATION FL 33322
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAZARUS, DAVID M
% DAVID LAZARUS M ESQUIRE
1815 GRIFFIN RD SUITE 403
DANIA FL 33004

3. Date Incorporated or Qualified

06/17/1993

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0417760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

SIGNATURE

Signature (Indicate printed name of registered agent on Block 9 if applicable)

Signature (Indicate printed name of registered agent on Block 9 if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☒ DELETE

NAME

KESSOUS, MICHAEL
2375 TAMiami TRAIL N
NAPLES FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

SOLOVEY, JOSEPH
2375 TAMiami TRAIL N
NAPLES FL 33940

STREET ADDRESS

CITY - ST - ZIP

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

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Solovey

4-19-96

954-370-8148

CR2E034 (12/95)