

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055209 (9)

1. Corporation Name

KIESS, INC.



Principal Place of Business

Mailing Address

741 NW 65TH AVE.
PLANTATION FL 33317
US

741 NW 65TH AVE.
PLANTATION FL 33317
US

3. Date Incorporated or Qualified
08/04/1993

3a. Date of Last Report
05/01/1995

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

4. FEI Number

65-0425448

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIESS, MARK
741 NW 65TH AVE.
PLANTATION FL 33317

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 607.1508, 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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KIESS, MARK
741 NW 65TH AVE.
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KIESS, LAURA
741 NW 65TH AVE.
PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

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24 CITY - ST - ZIP

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33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
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44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 liquidator and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I am empowered to execute this report as required by Chapter 617, Florida Statutes, and I am not a receiver or liquidator.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 454/797-9145
Date Daytime Phone #

CR2E034 (3/96)