

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 # **P93000055482 (2)**

1. Corporation Name  
**KVL, INC.**



Principal Place of Business

Mailing Address

**7625 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809  
US**

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ORLANDO FL 32809  
US**

3. Date Incorporated or Qualified  
**08/06/1993**

3a. Date of Last Report  
**08/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5449 S. SEMORAN BLVD**

27 **5449 S. SEMORAN BLVD.**

4. FEI Number  
**65-0435744**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste 223**

27 **Ste 223**

City & State

City & State

23 **ORLANDO, FL**

28 **ORLANDO FL**

24 **32822**

Country

29 **32822**

Country

25 **USA**

30 **USA**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 the date of signature

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LINDER, KENT**  
STREET ADDRESS **6315 RIDGEBERRY DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **SILVERMAN, BOB**  
STREET ADDRESS **12400 BISCAYNE BLVD.**  
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE **D** ☐ DELETE  
NAME **SANDLER, ROBERT**  
STREET ADDRESS **58 THE HAMLET**  
CITY-ST-ZIP **E. AMHERST NY**

TITLE **D** ☐ DELETE  
NAME **KRAMER, BRUCE**  
STREET ADDRESS **31 THE HAMLET**  
CITY-ST-ZIP **E. AMHERST NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Kent Linder** **KENT LINDER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**  
DATE

**407-202-7050**  
DAYTIME PHONE #

CR2E034 (12/95)