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 # P93000087349

K.K.R. ENTERPRISES, INC.

1462 EXCALIBUR DR.

Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90149 009 ***150.00



Mailing Address Principal Place of Business 1111 BAYSHORE BLVD **CLEARWATER FL 34624** A-12 DO NOT WRITE IN THIS SPACE CLEARWATER FL 34619 3. Date Incorporated or Qualifed 12/17/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 6776 Suc IIII BAYSHORE BLVD Not Applicable 59-3228254 Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired П Fee Required A-1Z 27 Huntma City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country USA This corporation owes the current year Intangible Yes DHA Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STEWART, RENEE 82 1111 BAYSHORE BLVD A-12 **CLEARWATER FL 33759** 83 84 City 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, by the State of Florida. Sachichange 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 697,0505 Florida Statutes. SIGNATURE gistered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE 1.2 NAME STEWART, RENEE NAME 1.3 STREET ADDRESS 1111 BAYSHORE BLVD A-12 STREET ADDRESS **CLEARWATER FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)