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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000021408 (7) DOCUMENT #

KRM MANAGEMENT, INC.

FILED May 01, 1996 08:00 AM **Secretary of State**



KHM MA	NAGEMENT, INC.							
rincipal Place of B	Business	Mailing Address						
431 WAVERLY		431 WAVERLY ROAD TALLAHASSEE FL 3						
TALLAHASSEE	FL 32312	INCLAINSOLL FL W			3. Date Incorporated or Qualified 03/21/1994		of Last Repo	
					4. FEI Number			plied For
Principal Place of Business		2a. Mailing Address 26	1		19 3237 100			t Applicable
Suite, Apt. #, et) c	Suite, Apt. #, etc.		, ·	5. Certificate of Status Desired		\$8.75 A	
State, Apt. #, 6	Ю.	27					\$5.00	·
City & State		City & State			Election Campaign Financing Trust Fund Contribution		Added t	o Fees
]		28	Cour	ntry	8. This corporation has liability for	or intangible ta	xunders 1	99.032,
Ζφ 1	Country	29	30		Florida Statutes Y	es No	Agent	
<u> </u>	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Hedistered	Ayent	.,
				81 Nanié	Net Appen	oblo)		
ISAACS,				82 Street Add	ress (P.O. Box Number is Not Accep	.ai.iii)		
	VERLY ROAD			83				
TALLAH	ASSEE FL 32312		84				85 Zip	Code
					oration submits this statement for the ard of directors. I hereby accept the a	FL		aistared office
familiar with,	and accept the obligations or,	October Collinson		J Agent signature fe Tr	oration submits this statement for the arcl of directors. I hereby accept the a last arc resturg.	DATE -		
12.	passe, tyred or protect name of registers. OFFICERS	S AND DIRECTORS	13.		ADDITIONS CHANGES TO	OFFICERS AN	D DIRECTOR	Addit on
TITLE	PD	DELF IE	1.1					
NAME ISAACS, DAN LEE			12 NAME					
STREET ADDRESS	431 WAVERLY ROAD		1.3 STREET ADDRESS 1.4 City - St - ZiP					
CITY-S1-ZIP	TALLAHASSEE FL 323	32312		THE			☐ Change	☐ Addition
TITLE		_	221	NAME				
NAME STREET ADDRESS			2.3	STREET ADDRESS				
CITY - S1 - ZIP				CiTY ST-ZIP			Change	Addition
TITLE		DELETE		TITLE NAME				
NAME				STREET ADDRESS				
STREET ADDRESS			34	CITY-ST-ZIP			Change	Addition
CITY - ST - ZIP TITLE		☐ DELFTE]] [] [E			☐ ouende	
NAME				NAME executivations:				
STREET ADDRESS			ŀ	STREET ADDRESS CITY-ST-ZIP				
CITY - ST - ZIP		DELETE		1 TIFLE			☐ Change	Addition
ITILE NAME		L	5.2	NAME				
NAME STREET ADDRESS			5	STREET ADDRESS				
CITY-ST-ZIP		C ACCET		1 DITY-ST-ZIP			☐ Change	Additio
TITLE		☐ DELETE		1 TITLE 2 NAME				
NAME				3 STREET ADDRESS				
STREET ADDRESS			6	4 CITY - ST - ZIP		110 07/2013	Florida Stat	utes. I further
certify that	L by certify that the information so the information indicated on the Lam an officer or director of the	his annual report or supplemental a correction or the receiver or tr	i annuai repo rustee empo	wered to execut	lify for the exemption stated in Sectio curate and that my signature shall ha e this report as required by Chapter E	.07, Florida St	atutes; and t	hat my name
appears in	n Block 12 or Block 13 if chang	per or an attachment with an	600ress	1 7	Sag cs 4/19/	/ OG	c 2 /	-0627
SIGNAT	rure: 🎾	$\mathcal{U}_{\mathcal{A}}$	T.	iga heed	Fordes 4/1291	74	Daytine Phot	7
0.0.0	SIGNATURE AND	TYPED OF BRINTED NAME OF SIGNING C	PERIORN ON DI	1201011				0029509