FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030600 (8)

FILED Jan 28 1998 8:00am Secretary of State

KEMIN	TER CORP.	(-)				
Principal Plac	e of Business	Mailing Address			t to Single the turis along Malli desti and the angle it is all the distribution of the	
2155 SOUTH OCEAN BOULEVARD 2155 SOUTH OCEAN BOU			EVARD			
STE 18 DELRAY BEACH FL 33483		STE 18 DELRAY BEACH FL 33483			DO NOT WRITE IN THIS SPACE	
DELHAT BEAG	UFI FL 33463	DELRAT BEACH FL 33483			3. Date Incorporated or Qualified	
}					04/21/1994	1
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	\neg
21		26			65-0484165 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Addisional	
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip	Countr	4	8. This corporation owes or has paid the current year intangible	
24	25		10	<u> </u>	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	_
JOI	rgensen, odd f		81	Name		- 1
215	55 SOUTH OCEAN BLVD.		82	Street A	Address (P.O. Box Number is Not Acceptable)	
DE	LRAY BEACH FL 33483					
			83	1		ł
i			84	City	85 Zip Code	\dashv
				<u></u>	FL 2 2 2 2 2 2 2 2 2	
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.						
agent. I a	m familiar with, and accept the obliga	itions of, Section 607,0505, Flori	da Statute	S.		-
SIGNATURE						_
12.	Signature, typed or printed name of registered agor OFFICERS AND		13.	ent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	DELETE	1,1 TITLE	$\neg \neg$	Change Additi	ion
NAME	JORGENSEN, ODD F		1.2 NAME			
STREET ADDRESS			1 3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	INID OIL IO	1.4 CITY-1	- 1		ł
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CITY-ST-ZIP			3,4. CITY-	ST-ZIP		ŀ
TITLE		DELETE	4.1 TITLE	$\neg \neg$	Change Additi	ion
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TITLE		☐ DELETE	5,1 TITLE		Change Additi	ion
NAME			5,2 NAME	}		J
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY - ST - ZIP			5.4 CITY-5	ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Additi	ion
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		- 1
CITY-ST-ZIP			6.4 CITY~5	ST-ZIP		
		d til ee de ee ee	41	4*	d in Section 119 07(3)(i). Florida Statutes, I further certify that the information	