

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000034159 (1)**  
 1. Corporation Name  
**THE KORMANN GROUP, INC.**



Principal Place of Business <b>4300 KINGS HIGHWAY                  216-845                  PORT CHARLOTTE FL 33980                  US</b>	Mailing Address <b>4300 KINGS HIGHWAY                  216-845                  PORT CHARLOTTE FL 33980                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	3. Date Incorporated or Qualified <b>05/05/1994</b>	4. FEI Number <b>65-0488110</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>KORMANN, ROBERT W                  % THE KORMANN GROUP INC                  26460 RAMPART BLVD #213                  PUNTA GORDA FL 33983</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORMANN, ROBERT W</b>	1.2 NAME	
STREET ADDRESS	<b>26460 RAMPART BLVD #213</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORMANN, DEBORAH S</b>	2.2 NAME	
STREET ADDRESS	<b>26460 RAMPART BLVD #213</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Joe Darnell</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>18510 Briggs Circle</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Port Charlotte, Florida 33948</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Connie Darnell</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>18510 Briggs Cir, Pt Charlotte</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>33948</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Valentine Galante</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>26460 Rampart Blvd Unit 213</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Port Charlotte, Florida 33983</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ **Robert W Kormann 4-23-98 941-624-5050**

CR2E034 (10/97)