## 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 # KMO, INC.

P94000038546 (5)

## **FILED** Mar 11 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					LAGINARI HA IĞILI ƏHƏLI DALIS		<b></b>	// <b></b>	
3650 SCENIC HWY 98 EAST. #6 3650 SCENIC HWY 98 EAST. #6											
DESTIN FL 32541 DESTIN FL 32541						DO NOT WRITE IN THIS SPACE					
					3	. Dat	e Incorporated or Qua				
						05	/23/1994			ļ	
2. Principal Pl	ace of Business	2a. Mailing Address	- 11		4		Number			Applied For	
<u>21</u>	0070KMCHON. 98	26 3650 JCEN	ue H	<u>wy.</u>	98	5	9-3247534			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			ľ	. Cer	tificate of Status Desir	ed 🔲		Additional	
22 +		27 17-1							<del> </del>	Required	
City & State	STIN. FL.	28 DESTIN	FI	_	6.		ction Campaign Finan	cing 🔲		O May Be	
23 UE	Country	Zip Zip	Countr	· <i>F</i>			st Fund Contribution corporation owes or				
24 3 X	141 25 OKALOOSA			4/2	WA "		sonal Property Tax du	•	_ ′	∏ No	
<u>,                                  </u>	9. Name and Address of Current		<del>, , , , , , , , , , , , , , , , , , , </del>	<del>)</del>			ne and Address of N				
KRA	NEMER, MARY K		61	Name							
727 HIGHWAY 98 EAST					Street Address (P.O. Box Number is Not Acceptable)						
DESTIN FL 32541					Street Address (F.O. Box redition is Not Acceptable)						
			83								
			84	City					DE 7ie	Code	
			٦	City				F	L  85   Zip	, 0000	
11. Pursuant t	o the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abov	е-латеd	corporation	on sul	omits this statement for	or the purpose	of changing	its registered	
agent lar	n familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	y the con s.	porations	Doarc	a or directors, r nereby	accept the a	Pholuluneut a	Delelaiger e.	
SIGNATURE											
	Signature, typed or printed name of registered agent a			ent signature	e required whe			DATE		53.07.13	
TITLE	OFFICERS AND (	DIRECTORS DELETE	13. 1.1 TITLE		Τ	ADDI	TIONS/CHANGES TO	OFFICERS AF	ND DIRECTO		
NAME	OBERG, KENTON M	T DECEME	1.3 HILE		i		7			Addition	
STREET ADDRESS	3650 SCENIC HWY 98 EAST,	<b>#</b> ß		ADDRESS	365	Ó	JOENIE	HWY.	98	# 1	
CITY-ST-ZIP	DESTIN FL 32541	•	1.4 CITY-					•			
TITLE	D	DELETE	2.1 TITLE	31-515	<del> </del>				Change	Addition	
NAME	OBERG, GLORIA A	_	2.2 NAME		ريدا	~	Scenic	11		الا علد	
STREET ADDRESS	3650 SCENIC HWY 98 EAST,	#6	2.3 STREE	ADDRESS	1209	O	JOE WG	rwr	, 78	4F	
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY-	ST-ZIP	1					ŕ	
TITLE		DELETE	3.1 TITLE						Change	☐ Addition	
NAME			3.2 NAME	i	1						
STREET ADDRESS			3.3 STREE	ADDRESS	1						
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	L						
TITLE		☐ DELETE	4.1 TITLE		1				Change	Addition	
NAME			4. 2 NAME							İ	
STREET ADDRESS				ADDRESS						ľ	
CITY-ST-ZIP		DOUTTE	4.4 CITY - 1	ST-ZIP	<u> </u>				0	A alabeta :	
TITLE		L DELETE	5.1 TITLE		Į				L Change	☐ Addition	
NAME			5.2 NAME		1					}	
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	51-ZIP					☐ Change	Addition	
NAME			6.2 NAME							L Addition	
STREET ADDRESS			6.3 STREET	PPERMA	i						
CITY-ST-ZIP			6.4 CITY-5								
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemp	tion state	ed in Section	on 11	9.07(3)(i), Florida Stat	utes. I further	certify that th	e Information	
indicated of	on this annual report or supplemental a director of the corporation or the receive	innual report is true and accur	ate and th	at my sig	inature sha	ali hav	e the same legal effe	ct as if made u	under oath: th	hatlam an I	
Block 12 o	r Block 13 if changed, or on an attach	ment with an address.	.com mid	. sport do		J 01		and the	, name a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	