Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90096 043 \*\*\*150.00

## 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 # P94000047004

<ol> <li>Corporation</li> </ol>	n Name					!			
KOKOHAR PUBLICATIONS, INCORPORATED									
Principal Place of Business Mailing Address									
19751 BEAULIEU COURT P.O. BOX 1366									
FT MYERS FL 33908 ESTERO FL 33928-1366						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualified			
						'			
	·					06/23/1994 4. FEI Number	_	App	lied For
<b>⊢</b> , '	lace of Business	2a. Mailing Address						<u> </u>	Applicable
21		26				65-0507916	e	** \$8:75 A	
Suite, Apt. #, etc Suite, Apt. #, etc						5. Certifcate of Status Desired		Fee Rec	1
22		City & State				6. Election Campaign Financing	_	\$5.00 N	Any Ro
City & Stat	е	<del> </del>	ny a diane			Trust Fund Contribution Added to Fees			
Zip	Country	28	Coun	itrv		8. This corporation owes the curr	ent vear in	tangible	
$\overline{}$		<u> </u>	30	,-,		Personal Property Tax.	O , O	☐Yes [	□No
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New I	Registered	Agent	
<u> </u>	5. Haire and Address of Carren	· · · · · · · · · · · · · · · · · · ·		81	Name		_		
SNELL, MARY V						and the second second	-blo\		
1833 HENDRY STREET				82	Street Addre	ss (P.O. Box Number is Not Accept	able)		
FT MYERS FL 33901				83			_		
			L				_	7:- 0	ada
			1	84	City		FL	85 Zip C	oue
44 Dumin	to the amplicions of Sections 607 050	2 and 607 1508. Florida Statute	s the ab	ove-r	named corpo	ration submits this statement for the	purpose o	changing its r	egistered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized	by th	e corporation	n's board of directors. I hereby acce	of the appo	intment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fion	da Statu	ies.		,			
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NOTE:	Registered A	Agent s	signature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITL	LE				☐ Change	Addition
NAME	SERENKO, CARLA W		1.2 NA	ME					
STREET ADDRESS			1.3 STR	REETA	DDRESS				
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					
TITLE			2.1 TITI	2.1 TITLE		7-		Change	☐ Addition
NAME	SERENKO, JOHN J JR		2.2 NA	ME					
STREET ADDRESS	P O BOX 1366 N/A		2.3 STF	REETA	DORESS				
CITY-ST-ZIP	ESTERO FL 33928-1366	• • • • • • • • •	2. 4 CIT	Y-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·		·	<u> </u>
TITLE	2012NO 12 00020 1000	☐ DELETE	3.1 TITL	LĘ		-		Change	☐ Addition
NAME	·		3.2 NA	ME					
STREET ADDRESS			3.3 STF	REETA	DDRESS				
CITY-ST-ZIP			3.4. CIT	TY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITL					☐ Change	Addition
NAME	<b>{</b>		4. 2 NA	ME					
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP	Ì		4.4 CIT						
TITLE	· · · · ·	☐ DELETE	5.1 TITL					Change	Addition
NAME			5.2 NA			- -			
STREET ADDRESS			5.3 STF	REET A	DORESS				•
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TITI	ίĒ				☐ Change	☐ Addition
NAME			6.2 NA	ME					

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: CA

STREET ADDRESS