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 # **P94000049496**

1. Corporation Name

STREET ADDRESS

KHEMEH	SALES, INC.								
Principal Place	of Business	Mailing Address				i iffilifftt tim ingit ginte batet mi	1411 Amiri Amiri ar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
32106 PONDEROSA AVENUE P.O. BOX 226									
DELAND FL 32720 DELAND FL 32721-0226						DO NOT WRITE IN THIS SPACE			
บร		US			3.	Date Incorporated or Qualifed			
					(7/05/1994			
Principal Place of Business 2a. Mailing Address						El Number		App	lied For
21 26						59-3253046			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. (Certificate of Status Desired		\$8.75 Ac	• •
27									
City & State City & State					I .	Election Campaign Financing Frust Fund Contribution		\$5.00 N Added to	
23 28			Country			This corporation owes the cur	rent vear Inta		
Zip	Country	Zip 30	¬ ′	•		Personal Property Tax.	TOTAL YOUR ITHE	∐Yes [□No
24	9. Name and Address of Curr		<u>''</u>			Name and Address of New	Registered A	Agent	
	9. Name and Address of Curr	ent registered rigent	81	Name					
KREN	MER, MARY S.		82	Stront	Address (P.	O. Box Number is Not Accep	able)		
32106 PONDEROSA AVENUE			62	Sileer	Addiess (r .v	S. BOX Hambor is Hely issep			
DELAND FL 32720			83						
			84	City				85 Zip C	ode
				1			<u> </u>	1 1 1	
		502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florid			corporation oration's boa	submits this statement for the ard of directors. I hereby acce	ept the appoir	ntment as reg	istered
CICNATURE							DATE		\
Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Re				ent signature r	required when rei	DOITIONS/CHANGES TO O	FEICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS DELETE				Nice	tor y S. KREMEI 06 Ponderos and, Fl 3.		Change	☐ Addition
TITLE	D Kremer, Mary S	\mathcal{A}			MAR	Y S. KREMEI	c ,	_	
NAME			1.3 STREE	T ADDRESS	321	06 Ponderos	a HVRN	ne.	
STREET ADDRESS			1,4 CITY-5	ST-ZIP	DeL	and F1 3.	2720		
CITY-ST-ZIP	INIT CANALLY E GOODE		2.1 TITLE					Change	☐ Addition
NAME	2.2		2.2 NAME						
STREET ADDRESS	2		2.3 STREE	ET ADDRESS					
CITY-ST-ZIP	. 2		2. 4 CITY-	ST-ZIP					- Addition
TITLE	☐ DELETE 3.1		3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-			<u> </u>		Change	Addition
TITLE		DELETE 4.1			1			Onlarige	
NAME			4. 2 NAMI						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		D DELETE	4.4 CITY-					☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME						_
NAME			B	Et address					
STREET ADDRESS			5.4 CITY-		1				
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE		+			Change	☐ Addition
) TITLE			6.2 NAME					-	
NAME	i		I		}				

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 shanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

U/7, 166 /757/757-7118

FILED

05-10-1999 90162 009 ***150.00

May 10, 1999 8:00 am Secretary of State