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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400064610

KEDSO LIMITED, INC.

Principal Place of Business

Mailing Address

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90062 045 \*\*\*150.00



| Principal Place   | or Dusiness  | Maining Address             |  |          |                |  |                          |                         |  |
|---|--|-----------------------------|--|----------|----------------|--|--------------------------|-------------------------|--|
| 7 FENWICK PLACE 1779 N. CONGRESS AVE. BOYNTON BEACH FL 33462 SUITE 375 BOYNTON BEACH FL 33426 |  |                             |  |          |                |  |                          |                         |  |
|   |  |                             |  |          |                | DO NOT WRITE IN THIS SPACE   |                          |                         |  |
|   |  |                             |  |          |                | 3. Date Incorporated or Qualifed   |                          |                         |  |
|   |  |                             |  |          |                | 09/01/1994   |                          |                         |  |
| Principal Place of Business     2a. Mailing Address   |  |                             |  |          |                | 4. FEI Number  | I A                      | plied For               |  |
|   | Nict Ma 1  | 26 27 Ms                    | my Men   | Λ        | 1              | 65-0510246   | <del></del>              | ot Applicable           |  |
| Suite, Apt.   | # etc  | Suite, Apt. #, etc.         | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | rogy     | <u> </u>       |  | <del></del>              | Additional              |  |
| ¬ ''  | m, 610.  | 27                          |  |          |                | 5. Certifcate of Status Desired  |                          | equired                 |  |
| City & State  |  | City & State                |  |          |                | 6. Election Campaign Financing   | \$5.00                   | May Be                  |  |
| 23 Boy  |  | 28 Buynton                  | Beach  |          | FL             | Trust Fund Contribution  | -                        | to Fees                 |  |
| Zip 33~4.   | Country  25 Palm Beach                               | Zip 33426                   | Coul   | ntry     | Benel          | 8. This corporation owes the current year Intang Personal Property Tax.  | jible<br>] Yes           | □No                     |  |
|   | 9. Name and Address of Current                       | Registered Agent            |  |          |                | 10. Name and Address of New Registered Ag  | ent                      |                         |  |
|   |  |                             |  | 81 1     | Name           |  |                          | i                       |  |
| LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED   |  |                             |  |          | Stroot Adv     | dress (P.O. Box Number is Not Acceptable)  | <u> </u>                 |                         |  |
| 343 ALMERIA AVENUE  |  |                             |  |          | Sheet Aut      | diess (F.O. Box Number is Not Acceptable)  |                          |                         |  |
| COR   | AL GABLES FL 33134                                   |                             |  | 83       |                |  |                          |                         |  |
|   |  |                             |  | 84 (     | City           |  | 85 Zip                   | Code                    |  |
|   |  |                             |  |          |                | FL   |                          |                         |  |
| 11. Pursuant t  | to the provisions of Sections 607.0502               | and 607.1508, Florida Stat  | utes, the at                                     | DOVE-F   | named cor      | rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointm | anging its<br>sent as re | registered<br>edistered |  |
| agent. I ar   | m familiar with, and accept the obligation           | ons of, Section 607.0505, F | Iorida Statu                                     | utes.    | B corporat     | along board of allocator, filerary decept and appearant  |                          | 5                       |  |
| SIGNATURE   |  |                             |  |          |                |  | _                        |                         |  |
|   | Signature, typed or printed name of registered agent |                             | TE: Registered                                   | Agent si | gnature requir | ired when reinstating) DATE  |                          |                         |  |
| 12.   | OFFICERS AND   |                             | 13.  |          |                | ADDITIONS/CHANGES TO OFFICERS AND  |                          |                         |  |
| TITLE   | PSD  | ☐ DELETE                    | . 1,1 TII  | 1E       | 1              | 45   | Change                   | ☐ Addition              |  |
| NAME  | SOISSONG, KEVIN D                                    |                             | 1.2 NA   | WE       | - 1            |  |                          |                         |  |
| STREET ADDRESS  | 7 FENWICK PLACE                                      |                             | 1.3 ST   | REETAL   | ODRESS         | 27 Misty Mendow Dr.  |                          |                         |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL 33462                               |                             | 1,4 CI   | TY-ST-Z  | IP             | Boynton Beach, FL 334  | 126                      |                         |  |
| TITLE   | VTD  | ☐ DELETE                    | 2.1 ΠΤ   | îLE.     | İ              | , , , , , , , , , , , , , , , , , , ,  | Change                   | ☐ Addition              |  |
| NAME  | SOISSONG, PATRICIA J                                 |                             | 2.2 NA   | ME       |                |  |                          |                         |  |
| STREET ADDRESS  | 7 FENWICK PLACE                                      |                             | 2.3 ST   | REETAL   | DORESS         | 27 Misty Menton Dr.  |                          |                         |  |
| CITY-ST-ZIP   | BOYNTON BEACH FL 33462                               |                             | 2. 4 Cl  | ITY-ST-Z | ZIP            | Boynton Beach FC 334   | <u> 26</u>               |                         |  |
| TITLE   |  | ☐ DELETE                    | 3.1 TIT  | ΊLE      |                | , [  | ] Change                 | ☐ Addition              |  |
| NAME  |  |                             | 3.2 NA   | ME       | 1              |  |                          |                         |  |
| STREET ADDRESS  |  |                             | 3.3 ST   | REET AD  | ODRESS         |  |                          |                         |  |
| CITY-ST-ZIP   |  |                             | 3.4, CI  | ITY-ST-Z | ZIP            |  |                          |                         |  |
| TITLE   |  | ☐ DELETE                    | 4.1 TJ7  | ΛE       |                | E  | ] Change                 | ☐ Addition              |  |
| NAME  |  |                             | 4. 2 N   | AME      |                |  |                          |                         |  |
| STREET ADDRESS  |  |                             | 4.3 ST   | REET AL  | DDRESS         |  |                          | ļ                       |  |
| CITY-ST-ZIP   |  |                             | 4.4 CF   | TY-ST-Z  | JP JP          |  |                          | <del></del>             |  |
| TITLE   |  | ☐ DELETE                    | 5.1 TIT  |          |                |  | _ Change                 | ☐ Addition              |  |
| NAME  |  |                             | 5.2 NA   | ME       |                |  |                          |                         |  |
| STREET ADDRESS  |  |                             | 5.3 ST   | REETAD   | ODRESS         |  |                          | ĺ                       |  |
| CITY-ST-ZIP   |  |                             |  | TY-ST-Z  | IP             |  |                          |                         |  |
| TITLE   |  | ☐ DELETE                    | 6.1 TIT  | LE       |                |  | Change                   | ☐ Addition              |  |
| NAME  |  |                             | 6.2 NA   | ME       |                |  |                          |                         |  |
| STREET ADDRESS  |  |                             | 6.3 ST   | REETAD   | ODRESS         |  |                          |                         |  |
| CITY-ST-ZIP   |  |                             | 6.4 CI   | TY-ST-Z  | 3P             |  |                          |                         |  |
|   |  |                             |  |          |                |  |                          |                         |  |

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.

SIGNATURE:

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M ~24-a

(561) 641-5584 Daytime Phone # CR2E034 (11/98)