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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000066034	(7)
i. Cantonalion Natino		

K-KARE, INC.

Principal Place of Business

Mailing Address

8413 STAGECOACH LN BOCA RATON FL 33496 8413 STAGECOACH LN BOCA RATON FL 33496



						<ol> <li>Date Incorporated or Qu 09/02/1994</li> </ol>	alified 3a	<ul> <li>Date of Last F 05/01/19</li> </ul>	•
2. Principal F	Place of Business	2a. Mailing Addres	is			4. FEI Number			Applied For
<u>a]</u>		26			1	65-0541859		🏻	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, €	etc.			5. Certificate of Status Des	ired		5 Additional Required
City & Sta	ate	City & State				<ol><li>Election Campaign Finar Trust Fund Contribution</li></ol>	ncing	• • •	00 May Be ad to Fees
Ζφ 	Country 25	7(p	30	ntry		This corporation has list Florida Statutes	ility for intang	gible tax under s	
1	9. Name and Address of Cur			-		0. Name and Address of			
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VI EEO	TAD MADEN								
KLEFSTAD, KAREN 8413 STAGE COACH LANE			82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA	RATON FL 33496			83					
				<b>84</b> Cit	у			FL 85 2	ip Code
or regist familiar v SIGNATURE	it to the provisions of Sections 607.0 tered agent, or both, in the State of F with, and accept the obligations of S	lorida. Such change was al Sociot 607.0505, Florida S	uthorized by the c tatutes.	corporation	on's board o	directors. Thereby accept t	the appointm	2-20	d agent. I am
	Security , typed or printed name of Februaria	auffit and title if applicable AND DIRECTORS	(NOTE Registered	Agent signs	иле гединеа ми	ADDITIONS/CHANGES	TO OFFICER	S AND DIRECT	ORS IN 12
<b>12.</b> Till f	D	DELET		T) F		ADDITIONS OF A TOLES	10 0,1102,1	Change	
	•		1.2 N/					<u></u> ,	
NAME ************************************	KLEFSTAD, KAREN 8 8413 STAGECOACH LN		9		ree				
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. 1Y - S1 - 7iP	BOCA RATON FL 33496	[] Dele	1.4 0	1Y-ST-ZIP				Channe	☐ Addition
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CITY-SE-722 DITTE NAME STHEET ADDRESS CITY SE-72P TITTE NAME STREET ADDRESS CITY-SE-72P	BOCA RATON FL 33496	☐ DELE	14 CI  IE 21 TI  22 NV  23 SI  24 CI  IE 3 1 TI  32 NV  33 S  34 CI  42 NV  43 S'  44 CI  IE 5 1 TI  52 NV  53 S  54 C	ITLE  AME  HEET ADDR  IY-ST-ZIP  HEET ADDR  IY-ST-ZIP  HEET ADDR  IY-ST-ZIP  HEET ADDR  ITY-ST-ZIP  HEET ADDR  ITY-ST-ZIP  HEET ADDR  HY-ST-ZIP  HEET ADDR	RESS PESS			☐ Change	Addition Addition
CITY-ST-722 THEE NAME STHEET ADDRESS CHY ST-749 THEE NAME STREET ADDRESS CHY-ST-749 THEE NAME STHEET ADDRESS CHY-ST-729 THEE NAME STHEET ADDRESS CHY-ST-729 THEE NAME STHEET ADDRESS CHY-ST-729 THEE	BOCA RATON FL 33496  S S S S S S S S S S S S S S S S S S	☐ DELE	14 CI  IE 21 TI  22 NV  23 SI  24 CI  IE 3 1 TI  32 NV  33 S  34 CI  42 NV  43 S'  44 CI  IE 5 1 TI  52 NV  53 S  54 C	ITLE  AME HEET ADDR IY-ST-ZIP HEET ADDR IY-ST-ZIP HEET ADDR ITY-ST-ZIP HILE AME HEET ADDR ITY-ST-ZIP HILE AME HEET ADDR HITY-ST-ZIP HILE HEET ADDR HITY-ST-ZIP HILE HEET ADDR	RESS PESS			☐ Change	Addition  Addition

cert ty 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 withten address.

SIGNATURE:

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Da dina Grana B