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

P94000067912 (3)

DOCUMENT # KNIIWAR, INC

Mar 13 1998 8:00am
Secretary of State

FILED

	ui, ivo.							
Principal Place of Business Mailing Address					i cattiger sid soin matt datit mutst dein antit de	/(1 10 0(0 10	181 17619 1161 1381	
16520 S. TAMIAMI TRAIL #11 FT.MYERS FL 33908		16520 S. TAMIAMI TRAIL #11 FT.MYERS FL 33908		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
2. Principal P	ace of Business	2a. Mailing Address			09/12/1994 4. FEI Number		Applied For	
21		26			65-0521548	-	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.	75 Additional		
22		27		5. Certificate of Status Desired	F	e Required		
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution				
Zip	Country	Z-p	Country	y	8. This corporation owes or has paid the cu			
24	25	29 3	0			☐ Yes	∐ No	
	9, Name and Address of Curren	it Registered Agent	- B1	Name	10. Name and Address of New Registered	Agent		
153	RREN, DAN 806 CRICKET LANE MYERS FL 33919		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	85	Zip Code	
office or r agent. I a	to the provisions of Sections 607.050 egistored agent, or both, in the State in familiar with, and accept the obligation Signature typed or pointed name of one lined age	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized b da Statute	y the corporeti	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of chang pointme	ing its registered nt as registered	
			13.	on agriculture require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TOTLE	P	DELETE	1.1 TITLE			☐ Chá		
NAME STREET ADORESS CITY-ST-ZIP	DANIEL P. WARREN 15308 CRICKET LANE FT.MYERS FL 33919		1.2 NAME 1.3 STREE 1.4 CITY-	t address				
TITLE	VP	☐ DELETE	2 1 TITLE			Cha	ange Addition	
NAME	WALTER F. KNUTZER		2.2 NAME					
STREET ADDRESS	748 WINDLASS WAY		2.3 STREET ADDRESS					
CITY - \$1 - ZIP	SANIBEL FL 33957	·	2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Chá	ange [] Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST - ZIP				
TITLE		DELETE	4.1 TITLE			☐ Cha	ange	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				

6.4 CITY-ST-ZIP 14. Thereby 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.

4.4 CITY-ST-ZIP

5 4 CITY - ST - 71P

8.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

___ Addition

Addition