

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

APPROVED
AND
FILED

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1997 AUG -4 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000074727

1. Corporation Name
Kylemor Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

10-7-94

3a. Date of Last Report

1995

2. Principal Place of Business

21 14611 S.R. 80 - Box 1411

Suite, Apt. #, etc.

22 LOXAHATCHEE FL

City & State

23

Zip

24 33470

Country

25 U.S.A.

2a. Mailing Address

26 14611 S.R. 80

Suite, Apt. #, etc.

27 #1411

City & State

28 LOXAHATCHEE FL

Zip

29 33470

Country

30 U.S.A.

4. FEI Number

65-0535387

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Maureen E. McNamara
18522 Orange Grove Blvd.
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Maureen E. McNamara MAUREEN E. McNAMARA - President

7-5-97

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/T/D
NAME MAUREEN E. McNAMARA
STREET ADDRESS 18522 Orange Grove Blvd.
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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, on an attachment with an address.

SIGNATURE: Maureen E. McNamara Pres.

7-5-97

* 561-790-1004 or
561-798-9177

CR2E034 (9/96)

7-5-97 2012

Annual Reports Filings
Div. of Corp.
P.O. Box 6327
Tallahassee FL 32399

Re: Reinstatement of Corp. Annual Report
Kylamor Inc.
Doc. # P94000074727
FEI. # 65-0535387

To Whom It May Concern:

It was recently brought to my attention that I am to pay a yearly Corp. Annual Report fee. I was totally unaware of this procedure, as I am very new to this. After speaking by telephone to a representative from your office, they told me that I should have received a notification by mail. I told her that I have not ever received any form indicating this necessary procedure. So she sent me the enclosed form that I have now filled out as best as I know how. Enclosed also is a check in the amount that she quoted that I need to pay to bring my status up to date. This amount should cover 1996-1997- \$365. plus an additional \$8.75 for a Cert. of Status report. Thanking you in advance for your assistance and cooperation.

Sincerely,

Maureen E. McNamara
Maureen E. McNamara- President

Encl. 1