

FILE NOW: FILING FEE AFTER MAY 7 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # 1. Corporation Name Kiwi's of Boca, Inc. | | | |
| Principal Place of Business 335 Plaza Real Boca Raton, Fl. USA 33432 | | Mailing Address same | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 335 Plaza Real 27 Suite, Apt. #, etc. 28 Boca Raton FL 29 33432 30 USA | |
| 3. Date Incorporated or Qualified 10/31/1994 | | 3a. Date of Last Report 4/15/1996 | |
| 4. FEI Number 65-0634012 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | paid | |
| 9. Name and Address of Current Registered Agent Richard F. McVay 335 Plaza Real Boca Raton, Fl. 33432 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
| 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 Catherine B. McVay Signature, typed or printed name of registered agent and title if applicable | | DATE Sept. 1, 1997 (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Richard McVay 335 Plaza Real Boca Raton, Fl. 33432 | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 700002295887--3 -09/17/97--01032--006 ***165.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Catherine McVay 335 Plaza Real Boca Raton, Fl. 33432 | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Scott Brogan 4606 Trails Drive Sarasota, Fl. 34232 | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Madeline Brogan 4606 Trails Drive Sarasota, Fl. 34232 | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D [Blank] | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D [Blank] | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
| 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, or on an attachment with an address. | | 5-9-16-97 | |
| SIGNATURE: Catherine B. McVay SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 9/1/97 Date | |
| | | 561 392-8000 Daytime Phone # | |

CR2E034 (9/96)

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(2)

KATHY MCVAY
KIWI'S OF BOCA INC.
335 PLAZA REAL
BOCA RATON, FL 33432

Request taken by: mhodges
07-16-1997

The forms you recently requested from this office are:

- (1) 201. Cor Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*I did not receive the 1997 Annual Report Package, so I
proud for this form. I am sending a check for \$165.00
filing fee due to this circumstance as per the person
I spoke with. Please check and change your mailing
address.*