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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400087918 (6)

KAGG'S INC.

## FILED Mar 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 14439 COUNTRY WALK DR 14439 COUNTRY WALK DR MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>12/05/1994</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0666559 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SIMPSON, ANNA I 8451 SW 176 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 City 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, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature req ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE SIMPSON, ANNA I NAME 1.2 NAME **8451 SW 176TH STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Channe Andition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 they occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if practiced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if practiced to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE (

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X 3-18-98

R2E034 (10/97)