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

DOCUMENT # P94000088498 (8)

KAJI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



801 WESTMORELAND LANE CANTONMENT FL 32533		801 WESTMORELAND LANE CANTONMENT FL 32533		DO NOT WRITE IN TH	HIS SPACE		
					3. Date Incorporated or Qualified 01/01/1995		
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number Applied		pplied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22		27		5. Certificate of Status Desired		Additional equired	
City & Stat	8	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Count	rv	Trust Fund Contribution 8. This corporation owes or has paid the		to Fees
24	25	29	30		Personal Property Tax due June 30.		itangibie □ No
	9. Name and Address of Curre				10. Name and Address of New Register		
	Las, Kenneth K		8	1 Name			
	1 WESTMORELAND LANE		l _e	2 Street A	Address (P.O. Box Number is Not Acceptable)		
CA	NTONMENT FL 32533				, to the foot		
			8	3			
			a	4 City		85 Zip	Code
44 D	to the manufacture of the second	00 - 4003 4500 5		1	corporation submits this statement for the purpos	=1_ ``	
agent. I a SIGNATURE	m familiar with, and accept the oblig				oration's board of directors. I hereby accept the		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	KILAS, KENNETH K		1.2 NAM	:			
STREET ADDRESS	801 WESTMORELAND LANE CANTONMENT FL 32533		•	ET ADDRESS			
City-St-ZIP Title	V	DELETE	1.4 City				
NAME	NELSON, ARTHUR R JR.	☐ DELETE	21 TITLE	- 1		☐ Change	Addition
STREET ADDRESS	305 W ORANGE AVE		2.2 NAM	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	FOLEY AL 38536		2.4 CITY				
TITLE	গ	☐ DELETE	3.1 TITLE			Change	Addition
NAME	DRAUGHON, JESSE G		3.2 NAMI			_ •	
STREET ADDRESS	6134 PAM AVE		3.3 STRE	T ADORESS			
CITY-ST-ZIP	PENSACOLA FL 32526		3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE	T		Change	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	S1-ZIP		Change	Addition
NAME		L. Ottele	5.1 TITLE			LT CHANGE	L.J AUGICION
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			-··· •··	
STREET ADDRESS			6.3 STREI	T ADDRESS	·		
CITY-ST-ZIP			64 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 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.

SIGNATURE: "

100 60 /000 918-24