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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CHTY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093232 (4)

K & A REALTY CORPORATION

3913 NE 21ST AVENUE FORT LAUDERDALE FL 33308		3913 NE 21ST AVENUE FORT LAUDERDALE FL 33308-5637						
-						3. Date Incorporated or Qualified 12/23/1994	3a. Date of 04/15/1	Last Report
2. Principal F	lace of Business	2a. Mailing Address			***************************************	4. FEI Number	· • · · · · · · · · · · · · · · · · · ·	Applied For
21		26	26			65-0565975		Not Applicable
Suile, Apt.	#, etc.	Suite, Apt. #, etc.	7			5. Certificate of Status Desired		8.75 Additional Fee Required
City & Stat	e	City & State				6. Election Campaign Financing		5.00 May Be
23		28	8			Trust Fund Contribution		Added to Fees
Zφ	Country	Zip	Co	ountry		8. This corporation has liability for in	ntangible tax u	inder s. 199.032,
24	25	29	30		•		Yes 🔲 No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	pistered Agen	t
ALAN J. POLIN, P.A.				81	Name			
	0 University Drive Te 602		82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
	RAL SPRINGS FL 33065			83				
				84	City		85	Zip Code
				11			FL	
11. Pursuant office or r agent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligat	and 607.1508, Florida Statu f Florida. Such change was ions of, Section 607.0505, F	ites, the authoriz Iorida St	above ed by atutes	-named corporation	oration submits this statement for the prion's board of directors. I hereby accep	urpose of chai t the appointm	nging its registered nent as registered
SIGNATURE	Signature, typind or printed name of registered agent	and the Samplanda MC	TE: Desista			ad when reinstating)	DATE	
12.	OFFICERS AND		13		N BIOCATORA REQUIRE	ADDITIONS/CHANGES TO OFFICE		ECTORS IN 12
TITLE	D	DELETE		TITLE		7,00,110,10,10,10,10,10		Change Addition
NAME	KUHN, MARTIN			NAME				<u> </u>
STREET ADDRESS	2480 NE 46TH STREET				ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			CITY-S				
TITLE	D	DELETE		TITLE				Change Addition
NAME	AND THE STATE OF T		NAME			_	<u> </u>	
STREET ADDRESS	2480 NE 48TH STREET				ADDRESS			
City - St - ZiP	LIGHTHOUSE POINT FL 33064		2.40					i
TITLE			TITLE				Change Addition	
NAME	1000 1100 17		NAME					
STREET ADDRESS	3913 NE 21ST AVENUE		3.3	STREET	ADDRESS			
0:TY-ST-ZIP	FORT LAUDERDALE FL 33308		3.4.	CITY-S	T-ZIP			
TITLE		DELETE	4.1	TITLE				Change Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			
C/TY+S1+Z/P			4.4	CITY - S	· ZIP			
TITLE		☐ DELETE		TITLE	<u> </u>			hange Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY - S1 - ZIP			5.4	CITY-S	- ZIP			
TITLE		☐ DELETE		TITLE				hange Addition

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

tin Kuhn

4/28/97

(305) 377-3561

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 chapagory or an attachment with an address.