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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P95000003614 (1)**

GREAT NECK NY 11021

COMRAS. DAVID

2830 70TH AVE.

MARGATE FL 33063

KAFCOM, INC.

Principal Place of Business

1360 N. STATE ROAD 7 1360 N. STATE ROAD 7 LAUDERHILL FL 33313 LAUDERHILL FL 33313-5804 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1995 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 11-3244711 26 Not Applicable 21 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 Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes SNo 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD., SUITE 211 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 Zip Code City 85 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE KAFENBAUM, BRUCE NAME 1.2 NAME 111 GREAT NECK RD. STREET ADDRESS 1.3 STREET ADDRESS

CITY-SI-ZE 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.

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6.2 NAME

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