

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90089 003 \*\*\*150.00

DOCUMENT # P95000011074

1. Corporation Name

K & K BROKER SERVICES, INC.

Principal Place of Business

12730 NEW BRITTANY BLVD.  
SUITE 436  
FORT MYERS FL 33907

Mailing Address

12730 NEW BRITTANY BLVD.  
SUITE 436  
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

65-0561522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 11351 new brittany Blvd

26 11351 new brittany Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #404

27 #404

City & State

City & State

23 Ft. Myers FL

28 Ft. Myers FL

Zip

Zip

24 33907

29 33907

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KITZEROW, ELLEN  
12730 NEW BRITTANY BLVD.  
SUITE 436  
FORT MYERS FL 33907

81 Name Ellen Kitzerow

82 Street Address (P.O. Box Number is Not Acceptable)

11351 new brittany Blvd.

83 Suite 404

84 City Ft. Myers

FL

85 Zip

33908

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME KITZEROW, ELLEN  
STREET ADDRESS 702 ANCHOR DRIVE  
CITY-ST-ZIP SANIBEL FL 33957

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Ellen Kitzerow  
1.3 STREET ADDRESS 11320 Compass Pt Dr  
1.4 CITY-ST-ZIP Ft. Myers FL 33908

TITLE DST ☐ DELETE

NAME KITZEROW, PETER A  
STREET ADDRESS 702 ANCHOR DRIVE  
CITY-ST-ZIP SANIBEL FL 33957

2.1 TITLE DST ☒ Change ☐ Addition

2.2 NAME Peter A Kitzerow  
2.3 STREET ADDRESS 11320 Compass Pt Dr  
2.4 CITY-ST-ZIP Ft. Myers FL 33908

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)