

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014486 (1)

1. Corporation Name

SIMPLY ... THE BEST K.L.N., INC.



Principal Place of Business

718 NW 91 TERRACE
PLANTATION FL 33324

Mailing Address

718 NW 91 TERRACE
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. EIT Number

65-0558158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

NACHMAN KANTOR

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

83

10839 NW 9th CT

84

PLANTATION

FL

85

Zip Code
33324

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]
Signature typed or printed name of registered agent and the filer (if applicable)

NACHMAN KANTOR

4/15/96

(NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KANTOR, DALIA
STREET ADDRESS 718 NW 91 TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME D KANTOR, NACHMAN
STREET ADDRESS 718 NW 91 TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

10839 NW 9th CT
PLANTATION, FL 33324

☐ Change ☐ Addition

10839 NW 9th CT.
PLANTATION, FL 33324

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NACHMAN KANTOR

Date

Daytime Phone #

APRIL 15, 1996

954 472 0946

CR2E034 (12/95)