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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019823

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

KC & COMPANY, INC.

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Principal Plac	e of Business	Mailing Address				f immindet nich i fiebs mann måner annen		14 191199 14	(878 (111 188)	
14130 LANGLE		14130 LANGLEY PLACE				- را در در در این این استفاده و فرود میشود بیش				
DAVIE FL 3332	25	DAVIE FL 33325	_			DO NOT WRITE	IN THIS SPACE			- '
					3.	Date Incorporated or Qualifed				
						03/10/1995				
2. Principal P	Place of Business	2a. Mailing Address			4.	FEI Number		App	lied For	٠.
21		26				65-0564023		Not	Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired			dditional	62
22		27					Fe	e Req	·	
City & Stat	1	City & State			6.	Election Campaign Financing			May Be	
23	Country	28 Zip	Cour	tor	-	Trust Fund Contribution		ded to	rees	
Zip	25 Country	29	30	u y	8.	This corporation owes the curren Personal Property Tax.	t year intangible Yes⊟	. [Z Nô	
24	9. Name and Address of Current	I I	30;		10.	Name and Address of New Reg		_		
	17 (17 (17 (17 (17 (17 (17 (17 (17 (17 (81 Name						
	OPP, KATHERINE			82 Street Add	drago /D	O. Box Number is Not Acceptable	0)			
	30 LANGLEY PLACE			51reet Aut	ness (r	O. Box Number is Not Acceptable	G) Sur Fusint takknijs		nerv som thus	
DAV	/IE FL 33325		Ī	83				1114		
		•	F	84 City			85	Zip Co	odě	
C 41 D/A 4 2 2 4/4/4 1	Control Assets						FL "	•		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	if Florida. Such change was at	uthorized	by the corporat	poratior tion's bo	n submits this statement for the pu pard of directors. I hereby accept t	rpose of changir he appointment	ng its re as regi	egistered istered	
agent. i a	am familiar with, and accept the obligation	ons of, Section 607.0505, Floi	rida Statu	tes.						
agent. I a SIGNATURE						,	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered /	(es. Igent signature requir			DATE CERS AND DIRE	CTOR	RS IN 12	6
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		gent signature requir		einstating) : ADDITIONS/CHANGES TO OFFIC			RS IN 12	44.000
SIGNATURE 12. (2018) TITLE (49)	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable. (NOTE: D DIRECTORS	Registered /	gent signature requir			CERS AND DIRE			4.(44.00)
SIGNATURE 12	Signature, typed or printed name of registered agent. OFFICERS AND P KROPP, KATHERINE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITI 1.2 NA/	gent signature requir			CERS AND DIRE			-004.(44700)
SIGNATURE 12. OUT TITLE EN NAME COST	Signature, typed or printed name of registered agent. OFFICERS AND KROPP, KATHERINE 14130 LANGLEY PLACE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	egent signature requirements E AE LEET ADDRESS			CERS AND DIRE			(001.747.700)
SIGNATURE 12	Signature, typed or printed name of registered agent. OFFICERS AND P KROPP, KATHERINE	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	E AE EET ADDRESS (-ST-ZIP			CERS AND DIRE	ange		CD0F004-(44/00)
SIGNATURE 12. TITLE EN CONTROL STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND P KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITI 12 NA/ 1.3 STF	E AE LEET ADDRESS (-ST-ZIP			CERS AND DIRE	ange	Addition	ODOTO04:(44:000)
SIGNATURE 12. ONLY TITLE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent. OFFICERS AND P, KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY	and title if applicable. (NOTE: DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	E AE LEET ADDRESS (-ST-ZIP			CERS AND DIRE	ange	Addition	ODDE004-(44/00)
SIGNATURE 12. ONE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent. OFFICERS AND P, W. KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY	and title if applicable. (NOTE: DIRECTORS DELETE	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	E AE EET ADDRESS 7-ST-ZIP E			CERS AND DIRE	ange .	Addition	CD0F024-(44:108)
SIGNATURE 12. TITLE (9. MAME (2.3)) STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent. OFFICERS AND P, KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY 14130 LANGLEY PLACE DAVIE FL	and title if applicable. (NOTE: DIRECTORS DELETE	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	E AE EET ADDRESS AE EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP			CERS AND DIRE	ange .	Addition	ODDE004-(44/00)
SIGNATURE 12. TITLE 49. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND P, KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY 14130 LANGLEY PLACE	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT	gent signature requir			CERS AND DIRE	ange .	Addition	ODOTO034:444:000
SIGNATURE 12. OFF TITLE STATE OF THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STATE OF THE STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND P KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY 14130 LANGLEY PLACE DAVIE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	gent signature requir			CERS AND DIRE	ange .	Addition	(801.44.04.04)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. OFFICERS AND KROPP, KATHERINE 14130 LANGLEY PLACE DAVIE FL 33325 VP KROPP, STACY 14130 LANGLEY PLACE DAVIE FL	and title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITI 12 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.2 NAV 4.3 STF 4.4 CIT	Gent signature requires E ME ME ME ME ME ME ME ME ME		ADDITIONS/CHANGES TO OFFIC	Character Charac	ange ange	Addition Addition Addition	(90/14/)00)
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90035 032 ***150.00