FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

| | JAL REPORT 1996 | Secreta | ry of State CÖRPORATIONS | | |
|---|---|---|---|---|--|
| | MENT # P950 0 | 00020155 (4) | | | |
| KUGEL | QUALITY FIREPLACES, | INC. | | | |
| Díal Ib | | | | | |
| Principal Place of Business | | Malling Address | | | variat majam zamat dabide trada dili (1.00) |
| 7601 WEST CARACAS ST. TAMPA FL 33615 | | 7601 WEST CARACAS ST. TAMPA FL 33615 | | | |
| | | | | 3. Date Incorporated or Qualified 03/13/1995 | 3a. Date of Last Report |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | | 4, FEI Number 59 - 330805 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | V | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | - | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for it | ntangible tax under s 199.032, |
| 24 | 9. Name and Address of Curr | 29 ent Registered Agent | [30] | Florida Statutes Yes 10. Name and Address of New R | |
| | | | 81 Name | | |
| CODDODATION INCODITATION SCONOCE INO | | | | HORST M. KULEL sidress (P.O. Box Number is Not Acceptable) | |
| 1201 HAYS ST. | | | | 601 WEST CARA | |
| TALLAHASSEE FL 32301 | | | 83 | | |
| | | | 84 City | | B5 Zip Code |
| 11 Purcuant t | o the provisions of Spotiana 607.05 | 00 and 607 4600 Flands Out 1 | 1 1 1 7 | Ampa | - トレー フマムノビー |
| or register | ed agent, or both, in the State of Fig. | orida. Such change was authorized | , the above-named corpor I by the corporation's boar | ation submits this statement for the pur rd of directors. I hereby accept the appo | Dose of changing its registered office pintment as registered agent. I am |
| | in, and accept the obligations of, Se | oction 607.0505, Florida Statutes. | | | t/2/101 |
| SIGNATURE: | Signature, typical of printed name of registered ag | | Physistered Agent signature required | d whor reinstating) | 2/20/76 |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| TITLE • | DP NODOT N |) DELETE | 1 1 TITLE | | Change Addition |
| NAME STREET ADORESS | KUGEL, HORST M 7601 WEST CARACAS ST. | | 1.2 NAME | | |
| CITY-ST-ZIP | TAMPA FL 33615 | | 1.3 STREET ADDRESS | | |
| TITLE | Traini A TE GOOTG | [] DELETE | 1.4 C/TY-ST-Z/P 2 1 T/1 LE | | Change |
| NAME | | <u>_</u> | 2.2 NAME | | Change Addition |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-S1-ZIP | | 7.774 | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 3.3. STREET ADDRESS | | į |
| TITLE | | DELETE | 34 CITY - ST - ZIP 4 1 TITLE | | Change D Addition |
| NAMÉ | | [] | 4.2 NAME | | ☐ Change ☐ Addition ☐ |
| STREET ADDRESS | | | 4 3 STREET ADDRESS | | · |
| CITY-ST-ZIP | | | : 4.4 CITY-ST-ZIP | 40000100 | |
| TITLE | 178 has No. | ☐ DELETE | 5 1 TIFLE | 40000185 -06/07/96010 | 10 Official Addition |
| NAME | | | 5.2 NAME | ***225.00 | 10 010 |
| STREET ADDRESS | | | 5 3 STREET ADORESS | · · · · · · · · · · · · · · · · · · · | |
| CITY-ST-ZIP TITLE | | DELETE | 5 4 CITY-S1-ZIP | WE HAVE THE THE THE THE THE THE THE THE THE TH | |
| NAME | | [_] DELETE | 6 1 TITLE 62 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | XVI |
| CHTY-ST-ZIP | | | 6.4 City - ST - 7IP | | ,0,00 |
| 14. I do hereby | certify that the information supplied | with this filing is voluntarily furnish | ned and cloes not qualify fo | or the exemption stated in Section 119.0 e and that my signature shall have the s | 7(3)(k), Florida Statute Ofurther |
| oath; that I | am an officer or director of the corp | pration or the receiver or trustee ϵ | i report is true and accurat empowered to execute this | ie and that my signature shall have the s report as required by Chapter 607, Flor | ame legal effect as if reade under rida Statutes; such that my name |

SIGNATURE: X HOTO OR PRINTED NAME

x5/3/96 813-886-2929