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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020155 (4)

KUGEL QUALITY FIREPLACES, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address		- I IODAINOU ING TUROF DANK BORA ODAH ODAH ODAH IIDAU	Dâlây 1188y Bilâl âlit 1881		
7001 WEST CARAÇAS ST. TAMPA FL 33615	7601 WEST CARACAS ST. TAMPA FL 33615				
				DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified	
2. Principal Place of Business	2a, Mailing Address			03/13/1995 4. FEI Number	Applied For
21	26			59-3308050	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zιp Country			8. This corporation owes or has paid the curr	
24 25 S. Name and Address of Current R	29 30			Personal Property Tax due June 30. 10. Name and Address of New Registered A	3
	iodistored Adair	81	Name	IO. Mario and Addiose of from Hogistorous	agoilt .
KULEL, HORST M 7601 West Caracas St. Tampa Fl 33615					
		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
(MMPA FL 33013		83		· · · · · · · · · · · · · · · · · · ·	
					Teal 70 Octo
		84	City	FL	85 Zip Code
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 a			nt signature require		DISCOTORO AL 40
12. OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE DP KUGEL, HORST M		1.2 NAME			
NAME KUGEL, HORST M STREET ADDRESS 7601 WEST CARACAS ST.		1.3 STREET	YUUDEGG		
CITY-ST-ZIP TAMPA FL 33615		1.4 CITY-SI			
TITLE		2.1 TITLE	1-211		☐ Change ☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET	ADDRESS		
CITY-ST-ZIP	1:	2. 4 CITY - S	1 - ZIP		
TITLE	DELETE	31 TITLE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS] :	3.3 STREET	ADDRESS		
CITY-ST-ZIP		3.4. CITY - S	T- ZIP		
TITLE		4.1 TITLE			☐ Change ☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET			
CITY-ST-ZIP		4.4 CITY - ST 5.1 TITLE	1 - ZIP		Change Addition
TITLE NAME	· ·	5.2 NAME			
STREET ADDRESS		5.3 STREE1	ADDRESS		-
CITY-ST-ZIP		5.4 CITY - ST			
TITLE	T1 ::	6.1 TITLE			☐ Change ☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREE1	ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST	I - 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.

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