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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000036225 (7) 1. Corporation Name

## FILED May 13 1998 8:00am Secretary of State

KNL INTERNATIONAL MARKETING, INC. Principal Place of Business Mailing Address 5410 W. TYSON AVE. P.O. BOX 13376 **TAMPA FL 33611** TAMPA FL 33681-3376 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/04/1995 2, Principal Place of Business 2a. Mailing Address FEt Number Applied For 59-3314927 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Z(p)24 25 29 30 Personal Property Tax due Jurie 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, RANDALL W 5410 W. TYSON AVENUE 82 **TAMPA FL 33611** 83 84 City 336 TAMPA 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 samiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAVID M. SMITH SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition DAVID M. SMITH NAME 1.2 NAME 32E034 5410 W TYSON AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE VTSD 2.1 TITLE Change RANDALL W. SMITH NAME 2.2 NAME 3016 COLONIAL RIDGE DR STREET ADORESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIF 2 4 CITY-SI-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 13 if changed, or on an attacturent with an address.

11/20/100