## 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

## P95000058630 (1) **DOCUMENT #**

KRIS COSMOPOLITAN, INC.

Principal Place of Business Mailing Address 2955 PINEDA PLAZA 265 LEE AVE. SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32937 3. Date Incorporated or Qualified 07/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-332447.1 Suite, 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 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SORNATALE, KRIS 265 LEE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. \_\_\_ DELETE Change TITLE DPT 1.1 TITLE SORNATALE, KRIS NAME 1.2 NAME CR2E034 STREET ADDRESS 265 LEE AVE. 1.3 STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME SORNATALE, FRANK 2.2 NAME 265 LEE AVE. 2.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE \_\_ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

6.4 CITY - ST-ZIP 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 eath; 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.

5.2 NAME

6 1 TITLE 62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP

407-254-5121

Change

Addition

**FILED** 

Feb 05 1998 8:00am

Secretary of State