**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500060357

1. Corporation Name

KAIL	HEAL	F2	IAI	E,	INU

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90029 028 \*\*\*150.00



Principal Place	e of Business	Maili	ng Address				I 180011000 IEO 10101 01111 00111	I Ditti matir aania i	IIISI <b>uu</b> iuu siiu(	OTERS COME HORY
4100 NE 1ST A		PO B	OX 223895			٠,,				
#1 HOLLYWOOD FL 33020										
MIAMI FL 33137							DO NOT WR	_	SPACE	
US							3. Date Incorporated or Qualifed	d		
							08/04/1995	_		
2. Principal Pl	lace of Business	2a. N	lailing Address				4. FEI Number		<u> </u>	plied For
21		26			•		65-0602795	_		t Applicable
Suite, Apt.	#, etc.	s	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					<b>5</b> .		Fee Re	<del></del>
City & State	е		City & State				<ol><li>Election Campaign Financing</li></ol>	' П	\$5.00	
23		28					Trust Fund Contribution		Added 1	to Fees
Zip	Country	z	.ip	Countr	у		8. This corporation owes the cur	rrent year Inta		
24	. 25	29		0			Personal Property Tax.	<del></del> .	☑ Yes	□No
	9. Name and Address of Curren	nt Registe	red Agent		-1		10. Name and Address of New	Registered /	Agent	
1/48	EDIC M			8.		2	Frie Kail			
	, ERIC M			82	2 Street	Addres	s (P.O. Box Number is Not Accep	table)		
	TYLER STREET				1 '0	70	Harrison St	- 17 -	1)	
HOLI	LYWOOD FL 33020			8:	3					
	•			8.	4 City	. 1			85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.050	02 and 607	.1508, Florida Statutes	the abo	ve-named	corpor	ation submits this statement for the	e purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. ations of. S	. Such change was auti lection 607.0505. <b>F</b> iorid	nonzed b a Sta <del>lute</del>	y tne corpo S.	oration	s board of directors. I hereby acce	ept trie appoir	nineni as re	gistered
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SIGNATURE	Signature, typed or printed name of registered ager		(NOTE: D		ent signature r	required w	hen reinstating)	DATE		<del></del>
	digitatore, typed or printed name of registered age.	ntanorme ira	ppikable. (NOTE: Ri	agister ou Ag	*****************	required in				
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)