

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061450 (9)

1. Corporation Name

KW CREDIT CORPORATION



Principal Place of Business

Mailing Address

~~7522 WILES ROAD, SUITE 210~~
CORAL SPRINGS FL 33067

~~7522 WILES ROAD, SUITE 210~~
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 ~~7522 WILES ROAD~~

26 ~~7522 WILES ROAD~~

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 ~~SUITE 208~~

27 ~~SUITE 208~~

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~843 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name

~~IRA KILTOK~~

82 Street Address (P.O. Box Number is Not Acceptable)

~~7522 WILES ROAD, SUITE 208~~

83

84 City

~~CORAL SPRINGS~~

FL

85 Zip Code

~~33067~~

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 date of appointment

(607.1508) Registered Agent signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME KILTOK, IRA
STREET ADDRESS ~~7522 WILES ROAD, SUITE 210~~
CITY-ST-ZIP CORAL SPRINGS FL 33067

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS ~~7522 WILES ROAD, SUITE 208~~
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WOLFSON, KAREN E
STREET ADDRESS ~~7522 WILES ROAD, SUITE 210~~
CITY-ST-ZIP CORAL SPRINGS FL 33067

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ~~7522 WILES ROAD, SUITE 208~~
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

~~IRA KILTOK~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~4/28/96~~ 454-752-6822
Date Time Phone #

CR2E034 (12/95)