

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076580 (6)

1. Corporation Name

KEM, INC.



Principal Place of Business

Mailing Address

5336 SEA BISCUIT RD.
PALM BEACH GARDENS FL 33418

5336 SEA BISCUIT RD.
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3585 S Longwood Ave

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM SPRINGS, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33462

25 PA

29

30

4. FEI Number

65-0610914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCHMAN, RONALD S
5336 SEA BISCUIT RD.
PALM BEACH GARDENS FL 33418

81 Name

GLENN EASTON

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

4001 Island Club Cir.

83

84 City

LANTANA

FL

85

Zip Code

33461

11. Pursuant to the provisions of Sections 607.0532 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 obligation 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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME EASTON, GLENN H

STREET ADDRESS 924 SE 15TH ST.

CITY-ST-ZIP DEERFIELD BEACH FL 33411

TITLE DVS ☐ DELETE

NAME MASS, JEFFREY T

STREET ADDRESS 1230 NW 18TH AVE.

CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DT ☐ DELETE

NAME KOCHMAN, RONALD S

STREET ADDRESS 5336 SEA BISCUIT RD.

CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN H EASTON

5/1/96

Date

4075651511

Daytime Phone

CR2E034 (12/95)