

0040744

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000095339

1. Corporation Name

KNIGHT'S HAVEN, INC.

Principal Place of Business

1200 NORTH FEDERAL HIGHWAY, STE. 411  
BOCA RATON FL 33432

Mailing Address

1200 NORTH FEDERAL HIGHWAY, STE. 411  
BOCA RATON FL 33432

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

9. Name and Address of Current Registered Agent

FORBES, PHILIP H  
1200 N FEDERAL HIGHWAY  
STE 411  
BOCA RATON FL 33432

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

81. Name

Sheldon Polish, Esq.

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

c/o Greenberg Traurig, P.A.

83

515 East Las Olas Boulevard, Suite 1500

84

Fort Lauderdale

FL 33301

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

*Sheldon Polish*  
Signature, typed or printed name of registered agent and if applicable

Sheldon Polish

(NOTE: Registered Agent's jurisdiction, if other than Florida)

2/16/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KLEINKNECHT, PETER J

STREET ADDRESS

960 REEF RD

CITY-ST-ZIP

VERO BCH FL 32963

TITLE

D

NAME

KLEINKNECHT, MAUREEN

STREET ADDRESS

960 REEF RD

CITY-ST-ZIP

VERO BCH FL 32963

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

100002781101  
-02/19/99-01088-013  
\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 like empowered

SIGNATURE:

*Sheldon Polish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Exhibit Form #

CR2E034 (11/98)

FILED  
99 FEB 18 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

65-0630126

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 owes the current year Intangible  
Personal Property Tax N/A [ ] Yes [ ] No

10. Name and Address of New Registered Agent