

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

FILED

98 APR 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000008649 (1)

1. Corporation Name

KP PROPERTY MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

4000 NW 36 AVE  
MIAMI FL 33142

11900 BISCAYNE BLVD  
STE 200  
MIAMI FL 33181-2726

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, LINDA M  
11900 BISCAYNE BLVD.  
SUITE 200  
MIAMI FL 33181

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

65-0643434

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes No

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME SMITH, LINDA M  
STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 200  
CITY-ST-ZIP MIAMI FL 33181

TITLE PD ☐ DELETE

NAME KOCH, ROGER L  
STREET ADDRESS 4000 NW 36 AVE  
CITY-ST-ZIP MIAMI FL 33142

TITLE VSD ☐ DELETE

NAME TRIPODO, ANTHONY  
STREET ADDRESS 4000 NW 36 AVE  
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME SALTER, STEVEN  
STREET ADDRESS 4000 NW 36 AVE  
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME MOUSSA, GEORGE  
STREET ADDRESS 4000 NW 36 AVE  
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ DELETE

NAME SKINNER, RAY  
STREET ADDRESS 4000 NW 36 AVE  
CITY-ST-ZIP MIAMI FL 33142

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

SIGNATURE:

Adam Smith

Assist. Sec. 4/11/98 (305) 866-6434

CR2E034 (10/97)